

## 1 / 196

FF1AN060.PDF

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS****2 / 196**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

**Chris Dodd For President Inc**

Report Covering the Period

From: 08/01/2008

To: 08/31/2008

<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	1447568.09
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	4025.00	10084000.20
(b) Political Party Committees	.....	0.00	100.00
(c) Other Political Committees	.....	0.00	745698.30
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		4025.00	10829798.50
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	4739005.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	1302811.25
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	1302811.25
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	78373.30
(b) Fundraising	.....	0.00	240.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	78613.30
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	55536.06
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	4025.00	18453332.20
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	.....	45919.04	15190433.80
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	1447568.29
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	1447568.29
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	635130.00	11949420.00
(b) Political Party Committees	.....	127100.00	172258.30
(c) Other Political Committees	.....	0.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	762230.00	1367200.30
29. OTHER DISBURSEMENTS	.....	0.00	6000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	808149.04	18011202.39
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE** 3 / 196  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

Chris Dodd For President Inc

ADDRESS (number and street)

PO Box 270701

CITY, STATE, and ZIP CODE

West Hartford

CT

06127

2. IDENTIFICATION NUMBER

C00431379

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	699716.51
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	2634497.72	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>3366269.45</b>

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 196

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ross, Dixon &amp; Bell LLP

Mailing Address

2001 K Street, NW

City

Washington

State

DC

Zip Code

20006-1037

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Amount of Each Receipt this Period

2900.00

Transaction ID: ADAE659B49A454CD7B70

B.

Full Name (Last, First, Middle Initial)

Michael Caplin

Mailing Address

8477 Portland Place

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.Name of Employer  
Time & PlaceOccupation  
Executive

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Receipt this Period

200.00

Transaction ID: AC715D3CBC08848A7835

C.

Full Name (Last, First, Middle Initial)

Ms. Kelly Ramsey Fuhlbrigge

Mailing Address

34 Ellsworth Lane

City

Ellington

State

CT

Zip Code

06029-4224

FEC ID number of contributing  
federal political committee.Name of Employer  
CT Credit Union Associati-  
onOccupation  
VP

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Receipt this Period

250.00

Transaction ID: A5E15DBCE540F4597BC3

SUBTOTAL of Receipts This Page (optional) .....

3350.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 196

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Marc Murtagh

Mailing Address

81 Irving Place#15D

City

New York

State

NY

Zip Code

10003-2240

FEC ID number of contributing  
federal political committee.Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Receipt this Period

500.00

Transaction ID: A8B3EF1DBE91D4CE0834

B.

Full Name (Last, First, Middle Initial)

n/a Unitemized Donors

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

175.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

175.00

Unitemized Donors

Transaction ID: UB0603E6660D24046AB5

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

4025.00

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 196

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> B50B831EF961F4718A4D <b>Date of Disbursement</b>																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Auburn State ME Zip Code 04210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">139.78</td> </tr> </table>	139.78																			
139.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> B3E677EE4C3004E2F809 <b>Date of Disbursement</b>																				
Mailing Address 126 Marrow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Auburn State ME Zip Code 04210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">67.30</td> </tr> </table>	67.30																			
67.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> B71D312E8B07C473B974 <b>Date of Disbursement</b>																				
Mailing Address PO Box 981535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	8												
City El Paso State TX Zip Code 79998-1535	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">77.03</td> </tr> </table>	77.03																			
77.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**284.11**

**TOTAL** This Period (last page this line number only) .....

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X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Aristotle Publishing

Mailing Address  
205 Pennsylvania Ave

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFBE249FBC77940DE8C8  
Date of Disbursement  
MM / DD / YYYY  
08 / 27 / 2008

Amount of Each Disbursement this Period  
9000.00

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address  
P.O. Box 830175  
Acct Analysis

City  
Dallas

State  
TX

Zip Code  
75283-0175

Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB11047E6C2EA4755B80  
Date of Disbursement  
MM / DD / YYYY  
08 / 08 / 2008

Amount of Each Disbursement this Period  
63.24

C.

Full Name (Last, First, Middle Initial)  
CT Dept Taxation

Mailing Address  
25 Sigourney St.

City  
Hartford

State  
CT

Zip Code  
06106

Purpose of Disbursement  
Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6788A98E83004B60BFA  
Date of Disbursement  
MM / DD / YYYY  
08 / 01 / 2008

Amount of Each Disbursement this Period  
129.17

**9192.41**

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) CT Dept Taxation	<b>Transaction ID:</b> BF8FDB1CDEAF14FB6BFF <b>Date of Disbursement</b>																				
Mailing Address 25 Sigourney St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Hartford State CT Zip Code 06106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">129.17</td> </tr> </table>	129.17																			
129.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Discover	<b>Transaction ID:</b> B3BCE95225E85457BADC <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 3016	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City New Albany State OH Zip Code 43054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Processing Fee	<table border="1"> <tr> <td colspan="10">12.19</td> </tr> </table>	12.19																			
12.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) IRS	<b>Transaction ID:</b> B5863C5A4605B464E998 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8530	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Philadelphia State PA Zip Code 19162	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">1041.46</td> </tr> </table>	1041.46																			
1041.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1182.82

**TOTAL** This Period (last page this line number only) ..... ►



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) IRS	<b>Transaction ID:</b> BDF0CD83D36BE4510A4B <b>Date of Disbursement</b>
Mailing Address P.O. Box 8530	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19162	<b>Amount of Each Disbursement this Period</b> <div>934.24</div>
Purpose of Disbursement Taxes Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie	<b>Transaction ID:</b> BF578B97680A949D29CD <b>Date of Disbursement</b>
Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City Seattle State WA Zip Code 98101-3099	<b>Amount of Each Disbursement this Period</b> <div>10020.41</div>
Purpose of Disbursement Legal Services Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie	<b>Transaction ID:</b> B7689BDFCBFB245D8A31 <b>Date of Disbursement</b>
Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City Seattle State WA Zip Code 98101-3099	<b>Amount of Each Disbursement this Period</b> <div>10051.28</div>
Purpose of Disbursement Legal Services Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

21005.93

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 196

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBF68FC4AFE914B7D9F2</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 10001.90</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC227D80A77D7448C847</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1896.95</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0836ED20019141F99D4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1896.96</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

13795.81

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Euginia Gluzberg

Mailing Address 1380 Paradise Avenue

City  
Hamden

State  
CT

Zip Code  
06514-1017

Purpose of Disbursement  
Hourly Compliance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B1F6472A8006D4D52820

Date of Disbursement

/   /

Amount of Each Disbursement this Period

457.96

SUBTOTAL of Disbursements This Page (optional) .....

457.96

TOTAL This Period (last page this line number only) .....

45919.04

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Goldfarb & Fleece	<b>Transaction ID:</b> B77CAC6DD89584AAD8E6 <b>Date of Disbursement</b>																				
Mailing Address 345 Park Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10154	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kaplan Fox & Kilsheimer	<b>Transaction ID:</b> B2C1E5F471273465796D <b>Date of Disbursement</b>																				
Mailing Address 850 Third Avenue 14th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Milton N. Hoffman Co.	<b>Transaction ID:</b> B82DEAE0BDE144990953 <b>Date of Disbursement</b>																				
Mailing Address 345 Park Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10154	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ross, Dixon & Bell LLP	<b>Transaction ID:</b> BE1A77530EE1547D9954 <b>Date of Disbursement</b>																				
Mailing Address 2001 K Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20006-1037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Julie Atwood	<b>Transaction ID:</b> B60753A87264B4094801 <b>Date of Disbursement</b>																				
Mailing Address 623 Cottonwood Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Richland State WA Zip Code 99352-3641	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Louise D. Ayer	<b>Transaction ID:</b> B42688E3D874643AD837 <b>Date of Disbursement</b>																				
Mailing Address 22 Pasture Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City West Simsbury State CT Zip Code 06092-2309	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ben Barnes <hr/> Mailing Address 98 San Jacinto Boulevard Suite 250 <hr/> City Austin State TX Zip Code 78701-4251 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B2284881CD94C4DBC916 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Melanie Barnes <hr/> Mailing Address 98 San Jacinto Boulevard Suite 250 <hr/> City Austin State TX Zip Code 78701-4251 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B85382D726F3842A7A70 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John Barnett <hr/> Mailing Address Richmond Heights 17500 Aurora Avenue North <hr/> City Shoreline State WA Zip Code 98133-4813 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B54C29292995C485F8F8 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6900.00

**TOTAL** This Period (last page this line number only) ..... ►

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

Full Name (Last, First, Middle Initial)  
Mrs. Barbara Baum

Mailing Address	Three Stamford Plaza 301 Tressa Blvd. 9th Floor
-----------------	--

City	State	Zip Code
Stamford	CT	06901-3249

Purpose of Disbursement	Refund

Candidate Name

Category/ Type	Count
Category 1	10
Category 2	20
Category 3	30
Category 4	40
Category 5	50
Category 6	60
Category 7	70
Category 8	80
Category 9	90
Category 10	100
Category 11	110
Category 12	120
Category 13	130
Category 14	140
Category 15	150
Category 16	160
Category 17	170
Category 18	180
Category 19	190
Category 20	200
Category 21	210
Category 22	220
Category 23	230
Category 24	240
Category 25	250
Category 26	260
Category 27	270
Category 28	280
Category 29	290
Category 30	300
Category 31	310
Category 32	320
Category 33	330
Category 34	340
Category 35	350
Category 36	360
Category 37	370
Category 38	380
Category 39	390
Category 40	400
Category 41	410
Category 42	420
Category 43	430
Category 44	440
Category 45	450
Category 46	460
Category 47	470
Category 48	480
Category 49	490
Category 50	500
Category 51	510
Category 52	520
Category 53	530
Category 54	540
Category 55	550
Category 56	560
Category 57	570
Category 58	580
Category 59	590
Category 60	600
Category 61	610
Category 62	620
Category 63	630
Category 64	640
Category 65	650
Category 66	660
Category 67	670
Category 68	680
Category 69	690
Category 70	700
Category 71	710
Category 72	720
Category 73	730
Category 74	740
Category 75	750
Category 76	760
Category 77	770
Category 78	780
Category 79	790
Category 80	800
Category 81	810
Category 82	820
Category 83	830
Category 84	840
Category 85	850
Category 86	860
Category 87	870
Category 88	880
Category 89	890
Category 90	900
Category 91	910
Category 92	920
Category 93	930
Category 94	940
Category 95	950
Category 96	960
Category 97	970
Category 98	980
Category 99	990
Category 100	1000

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State:  District:

MM / DD / YYYY

2300.00

Full Name (Last, First, Middle Initial)  
Mr. Steven P. Baum

Mailing Address	Three Stamford Plaza 301 Tresser Boulevard
-----------------	---

City	State	Zip Code
Stamford	CT	06901-3249

Purpose of Disbursement	Refund

Candidate Name

Category/ Type	Count
Category 1	10
Category 2	20
Category 3	30
Category 4	40
Category 5	50
Category 6	60
Category 7	70
Category 8	80
Category 9	90
Category 10	100
Category 11	110
Category 12	120
Category 13	130
Category 14	140
Category 15	150
Category 16	160
Category 17	170
Category 18	180
Category 19	190
Category 20	200
Category 21	210
Category 22	220
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Category 72	720
Category 73	730
Category 74	740
Category 75	750
Category 76	760
Category 77	770
Category 78	780
Category 79	790
Category 80	800
Category 81	810
Category 82	820
Category 83	830
Category 84	840
Category 85	850
Category 86	860
Category 87	870
Category 88	880
Category 89	890
Category 90	900
Category 91	910
Category 92	920
Category 93	930
Category 94	940
Category 95	950
Category 96	960
Category 97	970
Category 98	980
Category 99	990
Category 100	1000

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State:  District:

MM / DD / YYYY  
08 / 21 / 2008

2300.00

Full Name (Last, First, Middle Initial)  
David Beier

Mailing Address 206 South Oak Street

City	State	Zip Code
Falls Church	VA	22046-3904

Purpose of Disbursement	Refund

Candidate Name

Category/ Type	Count	Percentage
Category 1	10	10.0%
Category 2	20	20.0%
Category 3	30	30.0%
Category 4	40	40.0%
Category 5	50	50.0%
Category 6	60	60.0%
Category 7	70	70.0%
Category 8	80	80.0%
Category 9	90	90.0%
Category 10	100	100.0%

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State:  District:

MM / DD / YYYY

2300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

**6900.00**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Jay Benet

Mailing Address 180 South Shore Ave

City Groton State CT Zip Code 06340-8936

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0574B60F3C2B42F8B67

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)

Rhonda Beninati

Mailing Address 384 Main St

City Armonk State NY Zip Code 10504-1821

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB17718075B9B428F952

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Frankie E Bennett

Mailing Address 80 Robbis Street

City Waltham State MA Zip Code 02453-6224

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0C2D42C97A284D3BA35

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional) .....

4400.00

TOTAL This Period (last page this line number only) .....



	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Bollenbach	<b>Transaction ID:</b> BA119687A98854D40B48 <b>Date of Disbursement</b>																				
Mailing Address 600 St. Cloud Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Los Angeles State CA Zip Code 90077-3429	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) F. A. Bourke	<b>Transaction ID:</b> B89BF517EA4CA4413BD6 <b>Date of Disbursement</b>																				
Mailing Address Fort Hills Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06830	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joseph P Brandon	<b>Transaction ID:</b> BBC2CA17F07F74ADEA13 <b>Date of Disbursement</b>																				
Mailing Address 19 Saugatuck River Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Weston State CT Zip Code 06883	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Wayne Brandt	<b>Transaction ID:</b> B6D127285E92342F78F5 <b>Date of Disbursement</b>																				
Mailing Address 521 Bradford St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Pasadena State CA Zip Code 91105	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Edie Brickell	<b>Transaction ID:</b> BB36FDA9C373442528C6 <b>Date of Disbursement</b>																				
Mailing Address 1619 Broadway Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10019-7449	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Edgar Bright, Jr.	<b>Transaction ID:</b> BB092F02A5418464F89E <b>Date of Disbursement</b>																				
Mailing Address 300 Plaza One, Shell Square	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New Orleans State LA Zip Code 70139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
James Buffett

Mailing Address 1800 Century Park East  
#1600

City Los Angeles State CA Zip Code 90067-1501

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF2FDC14F26684D85ACE

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
Martha Buonanno

Mailing Address 2700 Bank Boston Plz

City Providence State RI Zip Code 02903

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B87336403D35446BBA0A

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Daniel Butler

Mailing Address 297 Summit Ave

City Summit State NJ Zip Code 07901-2205

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B10C97BE855364AE8883

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6600.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Butler	<b>Transaction ID:</b> BCBCB7530925C4DF98E2 <b>Date of Disbursement</b>																				
Mailing Address 17 Green Briar	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Glastonbury State CT Zip Code 06033-1469	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Casadonte	<b>Transaction ID:</b> B3E03A973A4B84B34842 <b>Date of Disbursement</b>																				
Mailing Address 208 Hollister Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Rutherford State NJ Zip Code 07070-1907	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kiernan Cavanna	<b>Transaction ID:</b> BECF052912B204957AAA <b>Date of Disbursement</b>																				
Mailing Address 3 International Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Port Chester State NY Zip Code 10573	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1400.00</td> </tr> </table>	1400.00																			
1400.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph Cayre

Mailing Address 417 Fifth Avenue  
9th Floor

City New York State NY Zip Code 10016-2204

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA0BBE55764514FF7A80

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Trina J. Cayre

Mailing Address 3542 Bedford Avenue

City Brooklyn State NY Zip Code 11210-5237

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2342DE6113E747C9AAB

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Karel Vaclav Chalupa

Mailing Address 292 NW Broken Oak Trail

City Jensen Beach State FL Zip Code 34957-3432

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC192F947B2F444B48A1

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Jim Cimino

Mailing Address PO Box 448

City State Zip Code  
Sun Valley ID 83353-0448

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC1D04A386EC5485F9B3

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)  
Richard Clark, Jr.

Mailing Address C/O Brookfield Properties Corp  
Office Of The President

City State Zip Code  
New York NY 10281

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB0872D72DBA9401B8D7

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)  
Ms. Michele M Cogan

Mailing Address PO Box 11599

City State Zip Code  
St Thomas VI 00801-4599

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B1DF23E9A3A1F4709AD8

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

4600.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Cohn	<b>Transaction ID:</b> BB5A312A7076B430E975 <b>Date of Disbursement</b>																				
Mailing Address 176 Taconic Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06831-3140	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Karen Cohn	<b>Transaction ID:</b> B7CD25F690B644E4482B <b>Date of Disbursement</b>																				
Mailing Address 176 Taconic Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Greenwich State CT Zip Code 06831-3140	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
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State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Francis Colizzo	<b>Transaction ID:</b> B1B25ABFC4FC44193BBD <b>Date of Disbursement</b>																				
Mailing Address 120 Georgetown Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City West Newbury State MA Zip Code 01985-2115	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John T. Collins	<b>Transaction ID:</b> BA87BD29D3F034B5B85F <b>Date of Disbursement</b>																				
Mailing Address 5961 Searl Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Bethesda State MD Zip Code 20816-2022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">1250.00</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Joseph Conheeneey, Jr.	<b>Transaction ID:</b> B8B829002312E4FE1A4B <b>Date of Disbursement</b>																				
Mailing Address 421 Hoyt Farm Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New Canaan State CT Zip Code 06840-5049	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">2300.00</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence Connell	<b>Transaction ID:</b> B840CC7C7F5D94F11839 <b>Date of Disbursement</b>																				
Mailing Address 720 Central Road P.O. Box 206	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Rye Beach State NH Zip Code 03871-9005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">700.00</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Elissa Crespi

Mailing Address767 Third Avenue  
16th Floor

CityNew YorkStateNYZip Code10017

Purpose of DisbursementRefund

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:2008

☐ Primary

☒ General

☐ Other (specify) ▼

State:District:

Transaction ID: B82446B773ECC47ABBDE  
Date of Disbursement  

MM / DD / YYYY

08 / 21 / 2008

Amount of Each Disbursement this Period  

2300.00

B.

Full Name (Last, First, Middle Initial)  
Neil Crespi

Mailing Address767 Third Avenue  
16th Floor

CityNew YorkStateNYZip Code10017

Purpose of DisbursementRefund

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:2008

☐ Primary

☒ General

☐ Other (specify) ▼

State:District:

Transaction ID: BD678E75EF27C4BBFB14  
Date of Disbursement  

MM / DD / YYYY

08 / 21 / 2008

Amount of Each Disbursement this Period  

2300.00

C.

Full Name (Last, First, Middle Initial)  
Paul Critchlow

Mailing Address85 Perry St

CityNew YorkStateNYZip Code10014-3234

Purpose of DisbursementRefund

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:2008

☐ Primary

☒ General

☐ Other (specify) ▼

State:District:

Transaction ID: B2CDB2C0374AF45889EC  
Date of Disbursement  

MM / DD / YYYY

08 / 21 / 2008

Amount of Each Disbursement this Period  

2100.00

**6700.00**

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Joyce Critelli	<b>Transaction ID:</b> B8ACDC769A59F440E8C8 <b>Date of Disbursement</b>																				
Mailing Address 39 Shields Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Darien State CT Zip Code 06820-2531	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Critelli	<b>Transaction ID:</b> B570DA07ABEFC41C48AF <b>Date of Disbursement</b>																				
Mailing Address 39 Shields Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Darien State CT Zip Code 06820-2531	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Joel Cutler	<b>Transaction ID:</b> B93FD76EF4DA0482EBB1 <b>Date of Disbursement</b>																				
Mailing Address The Four Seasons Place 220 Boylston St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Boston State MA Zip Code 02125-1609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Davidson	<b>Transaction ID:</b> B37C57B589E1C4DCAB0C <b>Date of Disbursement</b>																				
Mailing Address 17 Hemlock Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06831	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Judy Davis	<b>Transaction ID:</b> BE687136D96964148B79 <b>Date of Disbursement</b>																				
Mailing Address 160 East 72nd St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10021-4364	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kim Davis	<b>Transaction ID:</b> BC6D0E132A9B2440C84A <b>Date of Disbursement</b>																				
Mailing Address 160 East 72nd St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10021-4364	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Angelo DeFazio

Mailing Address 120 Indian Hill Rd

City State Zip Code  
Collinsville CT 06019-3623

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7F9908789626480788C

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 21 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
John Denhefer

Mailing Address 1411 Henry Clay Ave

City State Zip Code  
New Orleans LA 70118

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BAA44135E1F9841FAB39

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 21 2008

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)  
Daniel Derby

Mailing Address 1318 W. George St  
# 2 C

City State Zip Code  
Chicago IL 60657-4127

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B73699F5AC275429F899

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 21 2008

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) .....

3400.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) James Dinan</p> <p>Mailing Address 767 5th Ave</p> <p>City New York State NY Zip Code 10153-0001</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B51C8FD125E4B45F483C</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Andrew Dodson</p> <p>Mailing Address 1101 16th St NW Suite 500</p> <p>City Washington State DC Zip Code 20036-4815</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6E838386EA5842FEB47</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1100.00</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Ann Doerr</p> <p>Mailing Address 2995 Woodside Rd No. 400-402</p> <p>City Woodside State CA Zip Code 94062-2446</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA82EB6001E7841CB945</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Michael L Doniger

Mailing Address  
215 W 20th St  
Apt. 5W

City  
New York

State  
NY

Zip Code  
10011-3552

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☐ Primary  
☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: B005CAB7DB5C74274AB9  
Date of Disbursement  
MM / DD / YYYY  
08 / 21 / 2008

Amount of Each Disbursement this Period  
2300.00

B.

Full Name (Last, First, Middle Initial)  
Robert Dotchin

Mailing Address  
412 North St  
Asaph Street

City  
Alexandria

State  
VA

Zip Code  
22314-2318

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☐ Primary  
☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: B215521C7582547A096B  
Date of Disbursement  
MM / DD / YYYY  
08 / 21 / 2008

Amount of Each Disbursement this Period  
700.00

C.

Full Name (Last, First, Middle Initial)  
John Doucette

Mailing Address  
3 Brook Ridge

City  
West Simsbury

State  
CT

Zip Code  
06092-2822

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☐ Primary  
☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: B1F8F5EB0218B495BADB  
Date of Disbursement  
MM / DD / YYYY  
08 / 21 / 2008

Amount of Each Disbursement this Period  
700.00

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Stephen M. Dowicz	<b>Transaction ID:</b> B544D1F2CC9724CB681D <b>Date of Disbursement</b>																				
Mailing Address 209 Wearimus Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City State Zip Code Ho Ho Kus NJ 07423	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	3	0	0	.	0	0													
2	3	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mary Downe	<b>Transaction ID:</b> B0B7D51D9815D49C8839 <b>Date of Disbursement</b>																				
Mailing Address 1133 Park Ave Apt 6e	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City State Zip Code New York NY 10128-1246	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2</td><td>1</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	1	0	0	.	0	0													
2	1	0	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John Dudenhefer	<b>Transaction ID:</b> B9E4D41D5D29A4B59816 <b>Date of Disbursement</b>																				
Mailing Address 1411 Henry Clay Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City State Zip Code New Orleans LA 70118-6059	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>7</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	7	0	0	.	0	0														
7	0	0	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Duperreault	<b>Transaction ID:</b> BF943850BB1FD4DAC870 <b>Date of Disbursement</b>																				
Mailing Address PO Box Hm1015	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Hamilton, Bermuda State Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Charles Ebersol	<b>Transaction ID:</b> BBAAD34E704244B468B5 <b>Date of Disbursement</b>																				
Mailing Address C/O Provident Financial Management 2850 Ocean Park Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Santa Monica State CA Zip Code 90405	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dick Ebersol	<b>Transaction ID:</b> BCA8721CAEA244C968C0 <b>Date of Disbursement</b>																				
Mailing Address 2850 Ocean Park Blvd. Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Santa Monica State CA Zip Code 90405-2503	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William Ebersol <hr/> Mailing Address C/O Provident Financial Management 2850 Ocean Park Boulevard <hr/> City Santa Monica State CA Zip Code 90405-2955 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B3C1EEE90820C490CA11 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Edelman <hr/> Mailing Address 215 E 68th Street Apt 4M <hr/> City New York State NY Zip Code 10021 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B790D9433C4634DF88C9 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) John Emerson <hr/> Mailing Address 5425 Encino Ave <hr/> City Encino State CA Zip Code 91316-2529 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B0E54AA1F94DA4BCC9C6 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>700.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5300.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey J Ervine	<b>Transaction ID:</b> BA7816FD326874B64A23 <b>Date of Disbursement</b>																				
Mailing Address 438 East 87th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Carter A. Eskew	<b>Transaction ID:</b> B15A49B5055A2458D85B <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 536	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Upperville State VA Zip Code 20185-0536	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Fabbro	<b>Transaction ID:</b> BAEABDCB8A34440068C9 <b>Date of Disbursement</b>																				
Mailing Address 38 Bretton Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Scarsdale State NY Zip Code 10583-2762	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00																			
400.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Lisa Maria Falcone	<b>Transaction ID:</b> B0ABF6CD0ED19418E80D <b>Date of Disbursement</b>																				
Mailing Address 22 East 67th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Philip A Falcone	<b>Transaction ID:</b> B156D24E5B9DC481E992 <b>Date of Disbursement</b>																				
Mailing Address 22 East 67th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City New York State NY Zip Code 10021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) David Fialkow	<b>Transaction ID:</b> BFDEEB09C001041258B0 <b>Date of Disbursement</b>																				
Mailing Address 232 Franklin St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Newton State MA Zip Code 02458-2331	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Nina Fialkow</p> <p>Mailing Address 232 Franklin St</p> <p>City Newton State MA Zip Code 02458-2331</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0E2BACC8F4D64748A0E</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Anne Finerman</p> <p>Mailing Address 36 Laferentz Rd</p> <p>City Greenwich State CT Zip Code 06831-2610</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB55ED3CE72544F4B96C</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Mark Finerman</p> <p>Mailing Address 36 Lafrentz Rd</p> <p>City Greenwich State CT Zip Code 06831-2610</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5B4AE98AA5404F3DB45</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert W. Fiondella	<b>Transaction ID:</b> B4AEEE7BFFAD94770BE9 <b>Date of Disbursement</b>																				
Mailing Address 29 Summeberry Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Bristol State CT Zip Code 06010	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David Fischer	<b>Transaction ID:</b> B62371A66C6E34F809D3 <b>Date of Disbursement</b>																				
Mailing Address 10 Crows Nest	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Chappaqua State NY Zip Code 10514-2021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) William Andrew Fischer	<b>Transaction ID:</b> B1C3B350842A34CAEACE <b>Date of Disbursement</b>																				
Mailing Address 575 3rd St 5F	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Brooklyn State NY Zip Code 11215-6606	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1700.00</td> </tr> </table>	1700.00																			
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Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) John Fish Mailing Address 65 Allerton St	<b>Transaction ID:</b> B73202E842D3440AABA9 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Roxbury State MA Zip Code 02119-2901 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Jay Fishman Mailing Address PO Box 425 City Sarasota Springs State NY Zip Code 12866 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BD5CB405BFBDB4AFDA81 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Laura Fishman Mailing Address 2 Larch Tree Lane City Westport State CT Zip Code 06880-1120 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B5FA0AAF8D5764B98821 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1700.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Mark Fishman	<b>Transaction ID:</b> B1B5C10530ABD410E8A3 <b>Date of Disbursement</b>																				
Mailing Address 2 Larch Tree Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Westport State CT Zip Code 06880-1120	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1700.00</td> </tr> </table>	1700.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Randy Fishman	<b>Transaction ID:</b> B1BA0C8EB80304906A93 <b>Date of Disbursement</b>																				
Mailing Address PO Box 425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Saratoga Springs State NY Zip Code 12866	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Deborah Flexner	<b>Transaction ID:</b> B44446E9B1DA44A66853 <b>Date of Disbursement</b>																				
Mailing Address 136 E. 80th St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City New York State NY Zip Code 10021-0306	<b>Amount of Each Disbursement this Period</b>																				
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2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Thomas Flexner

Mailing Address 136 E. 80th St

City State Zip Code  
New York NY 10021-0306

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8E4F55B301A949488B8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
John Fowler

Mailing Address One Post Office Square  
Suite 3500

City State Zip Code  
Boston MA 02109

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDA0DC7586DC541D19AF

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Michelle Frank

Mailing Address 35 Junes Rd

City State Zip Code  
Englewood NJ 07631-3731

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB99EFC8BE73A42C8AC7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Stefan Frank	<b>Transaction ID:</b> B88385BB79BB1406B8FF <b>Date of Disbursement</b>
Mailing Address 35 Junes Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Englewood State NJ Zip Code 07631-3731	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Gregg E Frankel	<b>Transaction ID:</b> BF9DA2CDBF3AE4692B3E <b>Date of Disbursement</b>
Mailing Address 37 Water St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Lebanon State NJ Zip Code 08833-4529	<b>Amount of Each Disbursement this Period</b>
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Jean Arlinda Frankel	<b>Transaction ID:</b> BB692E5822E154B219ED <b>Date of Disbursement</b>
Mailing Address 37 Water Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Lebanon State NJ Zip Code 08833-4529	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Alex Friedman <hr/> Mailing Address    97 Oyster Pond Road <hr/> <table> <tr> <td>City Edgartown</td> <td>State MA</td> <td>Zip Code 02539</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Refund</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Edgartown	State MA	Zip Code 02539	Purpose of Disbursement Refund	<input type="text"/>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> BD0418E68A82B46CEA26 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
City Edgartown	State MA	Zip Code 02539									
Purpose of Disbursement Refund	<input type="text"/>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:                  District:											
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Staci Friedwald <hr/> Mailing Address    17 Meadow Lane <hr/> <table> <tr> <td>City Purchase</td> <td>State NY</td> <td>Zip Code 10577</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Refund</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Purchase	State NY	Zip Code 10577	Purpose of Disbursement Refund	<input type="text"/>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> BBD11942160B14B029C5 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
City Purchase	State NY	Zip Code 10577									
Purpose of Disbursement Refund	<input type="text"/>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:                  District:											
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Kathleen Fuld <hr/> Mailing Address    771 North Street <hr/> <table> <tr> <td>City Greenwich</td> <td>State CT</td> <td>Zip Code 06831-3105</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Refund</td> <td rowspan="2"><input type="text"/></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Greenwich	State CT	Zip Code 06831-3105	Purpose of Disbursement Refund	<input type="text"/>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> B76D013409C2B40A0A35 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
City Greenwich	State CT	Zip Code 06831-3105									
Purpose of Disbursement Refund	<input type="text"/>										
Candidate Name											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼										
State:                  District:											

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6900.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Mr. Richard S. Fuld, Jr.</p> <p>Mailing Address 771 North Street</p> <p>City Greenwich State CT Zip Code 06831-3105</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE25132BB0D014149A18</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Mr. Larry Gagosian</p> <p>Mailing Address 980 Madison Avenue</p> <p>City New York State NY Zip Code 10021-1848</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA114C2602AAA412992A</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Louise Gallagher</p> <p>Mailing Address 6 Birchwood Rd</p> <p>City Glen Rock State NJ Zip Code 07452-2121</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4D9C2FC572434E948F3</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Frank Gallipoli

Mailing Address 58 Commerce Road

City Stamford State CT Zip Code 06902

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF6667529C05E457CB04

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Jay M. Gellert

Mailing Address 21650 Oxnard Street  
22nd Floor

City Woodland Hills State CA Zip Code 91637

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2BEB9B1639F34270B65

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2200.00

C.

Full Name (Last, First, Middle Initial)  
Ms. Robin Gettings

Mailing Address 11 Ephraims Path  
P.O. Box 339

City Ledyard State CT Zip Code 06339-0339

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B5C0B6FB229F94556946

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6800.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Rich Ghilarducci	<b>Transaction ID:</b> B222850421AF441008BC <b>Date of Disbursement</b>
Mailing Address 144 Grayland Heights	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Rio Dell CA 95562-1662	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund <input type="checkbox"/> Candidate Name <input type="checkbox"/> <b>Category/Type</b>	<div>2300.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Gill	<b>Transaction ID:</b> B68E2BE9AA01D42F3A56 <b>Date of Disbursement</b>
Mailing Address 18 Hemlock Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Marlborough CT 06447-1019	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund <input type="checkbox"/> Candidate Name <input type="checkbox"/> <b>Category/Type</b>	<div>2300.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) David Glaymon	<b>Transaction ID:</b> B7A5AF278CD984224BCC <b>Date of Disbursement</b>
Mailing Address 20 West 55th St 8th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10019-5373	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund <input type="checkbox"/> Candidate Name <input type="checkbox"/> <b>Category/Type</b>	<div>2300.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Kathleen Balistreri Glaymon	<b>Transaction ID:</b> BE1525C3BC45A4C3A92F <b>Date of Disbursement</b>
Mailing Address 20 West 55th Street 8th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10019-5373	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Glenna Goodacre	<b>Transaction ID:</b> BF06F808358DE41E6B3F <b>Date of Disbursement</b>
Mailing Address 211 Camino Del Norte	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Santa Fe NM 87501-1035	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Larry Gottesdiener	<b>Transaction ID:</b> B61ACC80B184E4F558AD <b>Date of Disbursement</b>
Mailing Address C/O Northland Invest Corp 2150 Washington St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Newton MA 02462-1454	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Helen Gould

Mailing Address Echo Hill Farm  
Po Box 5564

City Charlottesville State VA Zip Code 22905-5564

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: BEFFB7334D30947ECAFO

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Ken Grant

Mailing Address 62 Poplar Road

City Briarcliff Manor State NY Zip Code 10510

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B358726FFE33542E9855

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Alan Green

Mailing Address 40 Glen Ave

City Newton State MA Zip Code 02459-2066

Purpose of Disbursement

Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B25F6265DADC44E6EA64

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

6700.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Karon L. Green	<b>Transaction ID:</b> B3317209FE4784611B9B <b>Date of Disbursement</b>																				
Mailing Address 10413 Democracy Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Potomac State MD Zip Code 20854-4037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Steven Green	<b>Transaction ID:</b> BE290C8A3A6594946838 <b>Date of Disbursement</b>																				
Mailing Address 11 Edgewood Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Purchase State NY Zip Code 10577-2309	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joseph M. Gregory	<b>Transaction ID:</b> B919AAEC7467740BC806 <b>Date of Disbursement</b>																				
Mailing Address 26 Lloyd Haven Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Huntington State NY Zip Code 11743-1044	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Niki Gregory	<b>Transaction ID:</b> B1BB9D2487048452EB83 <b>Date of Disbursement</b>																				
Mailing Address 26 Lloyd Haven Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Huntington State NY Zip Code 11743-1044	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mark B Grier	<b>Transaction ID:</b> B661B664286544C87A38 <b>Date of Disbursement</b>																				
Mailing Address 5 Osage Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Far Hills State NJ Zip Code 07931-2257	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Haaga	<b>Transaction ID:</b> B3C092EFD412B472282D <b>Date of Disbursement</b>																				
Mailing Address 1743 Fairmount Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City La Canada Flintrid State CA Zip Code 91011-1633	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
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Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Carole Haber	<b>Transaction ID:</b> BA3DA5BF113294C059A0 <b>Date of Disbursement</b>																				
Mailing Address 10 W. Branch Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Westport State CT Zip Code 06880-1248	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	3	0	0	.	0	0													
2	3	0	0	.	0	0															
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) William Haber	<b>Transaction ID:</b> B14A2D1CAB1374D0695D <b>Date of Disbursement</b>																				
Mailing Address 54 Wilton Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Westport State CT Zip Code 06880-3108	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	3	0	0	.	0	0													
2	3	0	0	.	0	0															
Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin G Hackett	<b>Transaction ID:</b> B4AA4604595CD43C38E6 <b>Date of Disbursement</b>																				
Mailing Address 472 Roxbury road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Stamford State CT Zip Code 06902-1125	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	3	0	0	.	0	0													
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Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Kristen Hanks	<b>Transaction ID:</b> B39CA1A365F3F4C97B71 <b>Date of Disbursement</b>
Mailing Address 917 Yakima Place South #2	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Seattle WA 98144-3154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1800.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Judith Hannan	<b>Transaction ID:</b> B8CAEBE10729D48DEABF <b>Date of Disbursement</b>
Mailing Address 1301 Ave Of The Americas Floor 38	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10019-6034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Herbert A Hardt	<b>Transaction ID:</b> BAA5A6C70606446828CA <b>Date of Disbursement</b>
Mailing Address 5 Bluewater Hill	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Westport CT 06880-6503	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
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**SUBTOTAL** of Disbursements This Page (optional) .....

6100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Joshua Harris	<b>Transaction ID:</b> B5F07315C16074CBA9D0 <b>Date of Disbursement</b>																				
Mailing Address 1085 Park Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City New York State NY Zip Code 10128-1168	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Marjorie Harris	<b>Transaction ID:</b> BF8214541929A467DBFE <b>Date of Disbursement</b>																				
Mailing Address 1085 Park Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City New York State NY Zip Code 10128-1168	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Jane Hartley	<b>Transaction ID:</b> B5064167A374148C99B4 <b>Date of Disbursement</b>																				
Mailing Address 477 Madison Ave Suite 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
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Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

6100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Megan Harvey	<b>Transaction ID:</b> BCA8C18431726450194E <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1429	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Aspen State CO Zip Code 81612-1429	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Heine	<b>Transaction ID:</b> B2385E76C29604CC7A69 <b>Date of Disbursement</b>																				
Mailing Address 2 Beekman Place # 13a	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) David Hess	<b>Transaction ID:</b> BA9C104DA73F344FF8FD <b>Date of Disbursement</b>																				
Mailing Address 45 Musket Trail	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City Simsbury State CT Zip Code 06070-1727	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1800.00</td> </tr> </table>	1800.00																			
1800.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6200.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) William Hoh	<b>Transaction ID:</b> BD9BABB474D3A4DE1BE0 <b>Date of Disbursement</b>
Mailing Address 92 Laight St 6A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10013-2023	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Glenn H. Hutchins	<b>Transaction ID:</b> B10C951059C024C61A4D <b>Date of Disbursement</b>
Mailing Address One North Island Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Rye State NY Zip Code 10580	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1600.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Hutton	<b>Transaction ID:</b> B2E89258BBFB24EFB916 <b>Date of Disbursement</b>
Mailing Address 20 Royal Dominion Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Bethesda State MD Zip Code 20817-4652	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. George Igel	<b>Transaction ID:</b> BB8087A062473416082A <b>Date of Disbursement</b>
Mailing Address 239 E. 79th Street, Apt. 14B	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City New York State NY Zip Code 10021	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<input type="text" value="2100.00"/>
Candidate Name	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Ronnie Igel	<b>Transaction ID:</b> B9CE0059609CD4825B5E <b>Date of Disbursement</b>
Mailing Address 239 E 79th Street Apartment 14B	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City New York State NY Zip Code 10021	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<input type="text" value="2100.00"/>
Candidate Name	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Cowlitz Indian Tribe	<b>Transaction ID:</b> B7C0CA12407CE488CAE6 <b>Date of Disbursement</b>
Mailing Address P.O. Box 2547	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Longview State WA Zip Code 98632-8594	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<input type="text" value="2300.00"/>
Candidate Name	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**6500.00**

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Theodore P Janulis	<b>Transaction ID:</b> BD38D7FBF577C4FFFEAF9 <b>Date of Disbursement</b>																				
Mailing Address 79 East 79th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10021-0202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Eric Jaye	<b>Transaction ID:</b> B364DBDF5419F440E9AE <b>Date of Disbursement</b>																				
Mailing Address 414 Collingwood Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City San Francisco State CA Zip Code 94114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) David Johnson	<b>Transaction ID:</b> BA6AD580AB9AD42699C4 <b>Date of Disbursement</b>																				
Mailing Address 450 W. End Ave Apt 14b	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10024-5351	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Sara Johnson	<b>Transaction ID:</b> BB85885EC1BCF4CA68CE <b>Date of Disbursement</b>																				
Mailing Address 5300 Tucker Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Charlotte State NC Zip Code 28269-1959	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Vernon Jordan	<b>Transaction ID:</b> BEF9268679C034F5189A <b>Date of Disbursement</b>																				
Mailing Address C/O Akin Gump Strauss Hauer & Feld 1333 New Hampshire Ave Nw	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20036-1500	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Maria Jorge	<b>Transaction ID:</b> BA540001EB79F42F3818 <b>Date of Disbursement</b>																				
Mailing Address 2910 Brandywine Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20008-2138	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5400.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. David G Kabiller

Mailing Address 7 Quail Road

City Greenwich State CT Zip Code 06831

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBD1D352184BE418A99D

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
James Kay

Mailing Address P o Box 7835

City Van Nuys State CA Zip Code 91409-7835

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3C1F9DA488254547B9D

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
John Keith

Mailing Address 532 Page Street

City Stoughton State MA Zip Code 02072

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B168BB1969EA64A01BB0

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

5100.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Peter Kelly

Mailing Address 1 State House Sq  
Suite 2400

City Hartford State CT Zip Code 06103-3601

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4BCAE2E3624A4C68B7C

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Steve Kessler

Mailing Address 16 Continental Rd

City Scarsdale State NY Zip Code 10583-7712

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB2F25B51D6E0455998F

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Richard Ketchum

Mailing Address 111 Drake Smith Lane

City Rye State NY Zip Code 10580-4316

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B664358BFB823469DAC9

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional) .....

5300.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Merrick Kleeman Mailing Address 909 West Rd	<b>Transaction ID:</b> B8E9AEA8549D6438F94A <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code New Canaan CT 06840-2636 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2100.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Klemm Mailing Address 11 Berkeley Street City State Zip Code Cambridge MA 02138-5756 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B747A442042B2497F921 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Dan Klores Mailing Address 52 E. 80th St City State Zip Code New York NY 10021-0248 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B399C42B2F990482D9C1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

5400.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) M. T. Kluge	<b>Transaction ID:</b> B1D1307342D6E47628F0 <b>Date of Disbursement</b>
Mailing Address 308 Azalea Drive	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<input type="text" value="2300.00"/>
Candidate Name	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Diane Knetzger	<b>Transaction ID:</b> B1CB6D07502034787A63 <b>Date of Disbursement</b>
Mailing Address 4 Echo Hill Rd	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City New Canaan State CT Zip Code 06840	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<input type="text" value="2300.00"/>
Candidate Name	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Edwin Knetzger	<b>Transaction ID:</b> BA90B5421CA724979B84 <b>Date of Disbursement</b>
Mailing Address PO Box 5010	<input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Monroe State CT Zip Code 06468-8200	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<input type="text" value="2300.00"/>
Candidate Name	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**6900.00**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Julianne Marie Knetzger	<b>Transaction ID:</b> B4B9A7CB479E9416D924 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 5010	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Monroe State CT Zip Code 06468	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Katherine Knetzger	<b>Transaction ID:</b> B3DC2D67E9559446B97C <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 5010	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Monroe State CT Zip Code 06468	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Knetzger	<b>Transaction ID:</b> B6A0F3C5F63364F4F839 <b>Date of Disbursement</b>																				
Mailing Address 201 15th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Charlottesville State VA Zip Code 22903	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) George C Kofoed	<b>Transaction ID:</b> BA4A893E4C5CD410585A <b>Date of Disbursement</b>																				
Mailing Address 7 Clayton Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Dix Hills State NY Zip Code 11746-5503	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Kohlberger	<b>Transaction ID:</b> B125B4E3718754DADB97 <b>Date of Disbursement</b>																				
Mailing Address 77 Londonberry Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06830-3509	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Kolaj	<b>Transaction ID:</b> B841C817FD4CD4DAC94B <b>Date of Disbursement</b>																				
Mailing Address 15 Squire Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Brookfield State CT Zip Code 06804-3727	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">950.00</td> </tr> </table>	950.00																			
950.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5550.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. Michael Konover

Mailing Address 333 Montevideo Road

City Avon State CT Zip Code 06001-3946

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3724482924A143678D0

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Jeffrey D Kransdorf

Mailing Address 32 Tall Pine Lane

City Short Hills State NJ Zip Code 07078-1343

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2B368C90DDA34EF5AE4

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Ronald Krist

Mailing Address 2525 Bay Area Blvd

City Houston State TX Zip Code 77058-1558

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6E8683AE442543768ED

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Konrad Kruger

Mailing Address Four Stamford Plaza  
107 Elm Street

City State Zip Code  
Stamford CT 06902

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB953BA14287E42F5BBE

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)  
Solomon J Kumin

Mailing Address 390 West End Ave

City State Zip Code  
New York NY 10024-6107

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEC2EE41214BE454DBD2

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Robert Lawrence

Mailing Address 3 Seagate Rd

City State Zip Code  
Riverside CT 06878-2618

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BEC632D5AC7294E1F9BF

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Rick Leaman, III

Mailing Address 4 Larkspur Ln

City State Zip Code  
Greenwich CT 06831

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B9465EA3D3F4749349AA

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Alan M. Leventhal

Mailing Address Beacon Capital Partners  
One Federal Street

City State Zip Code  
Boston MA 02110-2004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B0E921E11C3614ED68A1

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Ms. Muriel Leventhal

Mailing Address 1 Federal Street

City State Zip Code  
Boston MA 02110

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B53CA8297BEDA43D8815

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Ms. Sherry Marcus Leventhal

Mailing Address 18 Pine Road

City Chestnut Hill State MA Zip Code 02467-2314

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B422085FF7CC04FB088A

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Jay Levine

Mailing Address 51 Dwan Harbor Ln

City Riverside State CT Zip Code 06878-2608

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B82520BC3817149F8961

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Karen Li

Mailing Address 1165 Fitfh Ave  
16b

City New York State NY Zip Code 10029

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BCD6F6F9440C54011B6A

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) .....

5400.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Thea Little

Mailing Address 43 West 64th street  
Apt. 3B

City State Zip Code  
New York NY 10023

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD0BC3825D3824F4AB13

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Nicholas Littlefield

Mailing Address 16 Longfellow Park

City State Zip Code  
Cambridge MA 02138-4831

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B390F86F8593F41FA9C7

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Jack London

Mailing Address 8th Ave

City State Zip Code  
San Francisco CA 94122

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B25195F26286943B484F

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Lance Lonergan	<b>Transaction ID:</b> B2D0BF1D995E744EC8B7 <b>Date of Disbursement</b>																				
Mailing Address 11 Soundview Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Westport State CT Zip Code 06880	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Malcolm Lowenthal	<b>Transaction ID:</b> B803452FCC5CA4971B86 <b>Date of Disbursement</b>																				
Mailing Address 20 Manitou Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Garrison State NY Zip Code 10524	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Julie Lerner Macklowe	<b>Transaction ID:</b> B0CA8D43A65E3404FAFD <b>Date of Disbursement</b>																				
Mailing Address 660 Madison Avenue 20th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Ms. Angela Manafort

Mailing Address 333 Christian Lane

City Berlin State CT Zip Code 06037-1419

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD650F10C00734947B7A

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jon A. Manafort

Mailing Address P.O. Box 99

City Plainville State CT Zip Code 06062-0099

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B227090E3E2D14DFFB4F

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Justin Manafort

Mailing Address 33 Lena Ave

City Plainville State CT Zip Code 06062-2547

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB340204830D44BBC990

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

TOTAL This Period (last page this line number only) ▶

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Sheila Manevitz <hr/> Mailing Address 1131 University Blvd W. No 1401 <hr/> City Silver Spring State MD Zip Code 20902-3357 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BCB61A51D6F6E4872984 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Donna Marriott <hr/> Mailing Address 7124 Natelli Woods Ln <hr/> City Bryantown State MD Zip Code 20617 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B739338516B334FD499E <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Willard Marriott <hr/> Mailing Address 7124 Natelli Woods Ln <hr/> City Bryantown State MD Zip Code 20617 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BBE32FBCED8F241DDA31 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6700.00

**TOTAL** This Period (last page this line number only) ..... ►



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. Philippe G. Massoud

Mailing Address 10 East 29th Street  
Apartment 23G

City New York State NY Zip Code 10016-7436

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC1EA7F7794504034AA4

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Patrick McCabe

Mailing Address 11 Forest Road

City West Hartford State CT Zip Code 06119

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF559417C2AEC4CE7B5E

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

950.00

C.

Full Name (Last, First, Middle Initial)  
Dennis McCarthy

Mailing Address 51 Bergen Ln

City Blue Point State NY Zip Code 11715-2102

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BAAD69F374EC044D681D

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

5350.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 196

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher McCormack	<b>Transaction ID:</b> B8DCFF88EF75A4DBDA5E <b>Date of Disbursement</b>
Mailing Address 11 George St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Riverside State CT Zip Code 06878	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Mary Patricia McCormick	<b>Transaction ID:</b> B7685BEEAA4D9489AB6D <b>Date of Disbursement</b>
Mailing Address 3200 Cherry Creek South Dr. Suite 230	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Denver State CO Zip Code 80209-3246	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) William McCue	<b>Transaction ID:</b> BA619627EF8A64942AE6 <b>Date of Disbursement</b>
Mailing Address 140 Elbridge Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New Britain State CT Zip Code 06052-1546	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2100.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>6400.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) William McDonough	<b>Transaction ID:</b> B5A2169CF1ED34283BAB <b>Date of Disbursement</b>																				
Mailing Address C/O Merrill Lynch & Co, Inc 4 World Financial Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10080-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Harold W McGraw, III	<b>Transaction ID:</b> B084A4B1C69484800BC4 <b>Date of Disbursement</b>																				
Mailing Address 745 Hollow Tree Ridge Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Darien State CT Zip Code 06820-2002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth McQuillan	<b>Transaction ID:</b> BC37A060AC5064B06A95 <b>Date of Disbursement</b>																				
Mailing Address 254 Commonwealth Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Boston State MA Zip Code 02116-2410	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4800.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. John F McQuillan

Mailing Address 254 Commonwealth Avenue

City Boston State MA Zip Code 02116-2410

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC79CB7A9D2974A72B08

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Catherine Mead

Mailing Address 519 East 26th St  
#2E

City New York State NY Zip Code 10028

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B67941B1E515B4C72BEC

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)  
Melissa Melgen

Mailing Address 801 Brickell Key Boulevard  
Apartment 1503

City Miami State FL Zip Code 33131-3716

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B71EE6E1EFFC54CA7A26

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

5300.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Carol Melton

Mailing Address 6035 Crimson Ct

City State Zip Code  
Mc Lean VA 22101-1818

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2641C23EF1ED433481A

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Claudia Roeder Merrigan

Mailing Address 7839 Old Dominion Drive

City State Zip Code  
McLean VA 22102-2425

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD5AA5A3190E8443DA0E

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
John Merrigan

Mailing Address 1200 19th Street, NW  
Suite 6111

City State Zip Code  
Washington DC 20036-2412

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B42B905F1F27B423D995

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
William Michaelcheck

Mailing Address 620 Park Ave

City State Zip Code  
New York NY 10021-6591

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B5315E6891AF74D7A9D7

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2008

Amount of Each Disbursement this Period

1800.00

B.

Full Name (Last, First, Middle Initial)  
Mrs. Alice Michaels

Mailing Address c/o Broadway Video Inc.  
1619 Broadway, 10th Floor

City State Zip Code  
New York NY 10019-7412

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B6704402AE91C4DC89D6

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Lorne Michaels

Mailing Address c/o Broadway Video  
1619 Broadway, 10th Floor

City State Zip Code  
New York NY 10019-7412

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B7328F0E39DA34592A5F

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6400.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Raymond Mikulich

Mailing Address 399 Park Ave  
8th Floor

City State Zip Code  
New York NY 10022-4614

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC1BB7072066046C680F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
Steven C Mitchell

Mailing Address 115 E 82nd St  
2B

City State Zip Code  
New York NY 10028-0831

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA278DD2C674F474F81E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Sarah Monaco

Mailing Address 311 Marlborough St

City State Zip Code  
Boston MA 02116-1608

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF52B901874B94F14BC0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional) .....

5400.00

TOTAL This Period (last page this line number only) .....

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Randall Naiman

Mailing Address 5412 Caminito Vista Lujo

City San Diego State CA Zip Code 92130-2861

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B140AFBFC5BFF474FBAF

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1800.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Randal A. Nardone

Mailing Address 1345 Avenue of the Americas

City New York State NY Zip Code 10105-0010

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB7B20AA98ED34303B6C

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Kurt Nelson

Mailing Address 1 Crest Rd

City Norwalk State CT Zip Code 06853-1208

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B9D3E3E3BDD254E08B2B

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) .....

4900.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Nichols	<b>Transaction ID:</b> B0D0D623173F04D79BB2 <b>Date of Disbursement</b>																				
Mailing Address 701 Neill Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Oradell State NJ Zip Code 07649-1223	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Nides	<b>Transaction ID:</b> B75FC49776E034B968A8 <b>Date of Disbursement</b>																				
Mailing Address 4838 Rockwood Parkway NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20016-3249	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) William August Nietzel	<b>Transaction ID:</b> BD5EA38F0EE514C52BDC <b>Date of Disbursement</b>																				
Mailing Address 25 East Point Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Old Greenwich State CT Zip Code 06870-2403	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Gloria Nussbaum Mailing Address 29 Dogwood Lane	<b>Transaction ID:</b> BBE4D591B3C70444AA3F <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Westport State CT Zip Code 06880-5022 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Franklin W Nutter Mailing Address 8458 Portland Place City McLean State VA Zip Code 22102-1708 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B4C4FAEB8C1F64B4295A <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Linda J Nutter Mailing Address 8458 Portland Place City McLean State VA Zip Code 22102-1708 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B896CAF216C3D438EB64 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5900.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Daniel S Och

Mailing Address 11 Dolma Road

City State Zip Code  
Scarsdale NY 10583-4505

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B859D37CDA936436D9B3

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Leon Olivier

Mailing Address 111-2 Shore Rd

City State Zip Code  
Old Lyme CT 06371-2637

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF07F5A2D64EE4FD5966

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)  
Lyndon Olson

Mailing Address 3812 Greenleaf Dr

City State Zip Code  
Waco TX 76710-1416

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B37A1B57378394A01B16

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1900.00

SUBTOTAL of Disbursements This Page (optional) .....

6200.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher O'Neill	<b>Transaction ID:</b> B1118B6D1C4FB4CECB3F <b>Date of Disbursement</b>																				
Mailing Address 1310 19th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20036-1602	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ted Orenstein	<b>Transaction ID:</b> B51BF9034132648539DD <b>Date of Disbursement</b>																				
Mailing Address 4 Green Acre Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Westport State CT Zip Code 06880-5027	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence H Parks, II	<b>Transaction ID:</b> B6E3B33D2B43F4788901 <b>Date of Disbursement</b>																				
Mailing Address 2440 16th Street NW #207	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20009-3559	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6600.00

**TOTAL** This Period (last page this line number only) .....

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	23		24		25		26		27a
	27b	x	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FE1AN060.PDF

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	23		24		25		26		27a
	27b	x	28a		28b		28c		29

Chris Dodd For President Inc


Category/  
Type

State: District:

08 / 21 / 2008

Category/  
Type

State:  District:

Category/  
Type

State:  District:

**6500.00**

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Scott Rechler</p> <p>Mailing Address 58 Hoaglands Ln</p> <p>City Glen Head State NY Zip Code 11545-2008</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B015547EBA08943C6B67</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Scott Reiman</p> <p>Mailing Address 575 S. Elizabeth St</p> <p>City Denver State CO Zip Code 80209-3305</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCF4DE90F38034BCCBD8</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1700.00</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Mark Reiner</p> <p>Mailing Address 613 Greenwich Ct</p> <p>City East Windsor State NJ Zip Code 08520-5612</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0742006A7EAD4ADE995</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5900.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard S Ressler	<b>Transaction ID:</b> BF70E0C1F88F94CD2BF7 <b>Date of Disbursement</b>																				
Mailing Address 16130 Ventura Blvd., #320	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Encino State CA Zip Code 91436	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Denton R. Rhames	<b>Transaction ID:</b> B173A1EEF85DB45FE86D <b>Date of Disbursement</b>																				
Mailing Address 78 Kendall Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Lisbon State CT Zip Code 06351-3009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Nelson C Rising	<b>Transaction ID:</b> BA5AD3F767E914264930 <b>Date of Disbursement</b>																				
Mailing Address 435 Georgia Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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City La Canada Flintrid State CA Zip Code 91011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6600.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Vincent Roberti, Jr.	<b>Transaction ID:</b> BCDEAEED79A544730ACB <b>Date of Disbursement</b>																				
Mailing Address 14 North Main Street Apt 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Kent State CT Zip Code 06757-0796	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jeremiah Robins	<b>Transaction ID:</b> B26D153C7CE8D450B996 <b>Date of Disbursement</b>																				
Mailing Address 3333 N Torrey Pines Court Suite 220	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City La Jolla State CA Zip Code 92037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James Dixon Robinson	<b>Transaction ID:</b> B0A59A9D163BD43C1972 <b>Date of Disbursement</b>																				
Mailing Address 778 Park Avenue 9th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5400.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Kenneth Robinson</p> <p>Mailing Address 87 Transit St</p> <p>City Providence State RI Zip Code 02906-1022</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B04317517684948DEB11</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p>
		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Mr. Nile Rodgers</p> <p>Mailing Address 9 East 45th Street 3rd Floor</p> <p>City New York State NY Zip Code 10017</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB84A3830D0C645C2940</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p>
		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Elizabeth Rohatyn</p> <p>Mailing Address 810 Fifth Ave Apt # 8</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC3CCFECACC3A45B98AB</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p>
		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4850.00**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Felix Rohatyn

Mailing Address 810 5th Ave  
Apt # 8

City State Zip Code  
New York NY 10021-7270

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD5AA6B42113E498F9B8

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)

Nicolas Rohatyn

Mailing Address 12 East 94th St

City State Zip Code  
New York NY 10128-0612

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8523D26850C045AB92A

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)

Bruce Rosenblum

Mailing Address 10713 Stapleford Hall Drive  
Suite 220 S

City State Zip Code  
Potomac MD 20854

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFB03CA0581DC49BE9E5

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

5300.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Lori Rosenblum	<b>Transaction ID:</b> BD0C8BD4251F04EB68C1 <b>Date of Disbursement</b>																				
Mailing Address 10713 Stapleford Hall Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Potomac State MD Zip Code 20854-4448	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Donald Ross	<b>Transaction ID:</b> B41C10C52008F4C18A88 <b>Date of Disbursement</b>																				
Mailing Address 307 4th St P.o. Box 2850	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Evanston State WY Zip Code 82930-3666	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Theodore P Rossi	<b>Transaction ID:</b> B095E3D56BE2F4E5BADF <b>Date of Disbursement</b>																				
Mailing Address 162 West Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Cromwell State CT Zip Code 06416-2425	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) David Roth	<b>Transaction ID:</b> BB76714B70FA5431FAD7 <b>Date of Disbursement</b>																				
Mailing Address 74 Batterson Park Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Farmington State CT Zip Code 06032-2554	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Linda Roth	<b>Transaction ID:</b> BE68FCFB1DD1F4CFA9B1 <b>Date of Disbursement</b>																				
Mailing Address 74 Batterson Park Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
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0	8		2	1		2	0	0	8												
City Farmington State CT Zip Code 06032-2554	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Harold Rothstein	<b>Transaction ID:</b> B8F0314852F9B40DBB90 <b>Date of Disbursement</b>																				
Mailing Address PO Box 280254	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City East Hartford State CT Zip Code 06128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Curtis Schenker

Mailing Address 1175 Park Ave  
Apt 8a

City State Zip Code  
New York NY 10128-1211

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BE87331DE3ADF45E19F3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

B.

Full Name (Last, First, Middle Initial)  
C. Schmidt

Mailing Address 211 Camino Del Norte

City State Zip Code  
Santa Fe NM 87501-1035

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD7E213C1144C461A80E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)  
Brad D Schonhoft

Mailing Address 401 East 84th  
16C

City State Zip Code  
New York NY 10028-6268

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BF6BDD5C22787430EA12

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

4800.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<p><b>A.</b> Full Name (Last, First, Middle Initial) Leslie J Schreyer</p> <p>Mailing Address 60 East End Avenue 20C</p> <p>City New York State NY Zip Code 10028-7907</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BEDCC419BB9DB4247B25</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Irene Schwartz</p> <p>Mailing Address 944 Fifth Avenue</p> <p>City New York State NY Zip Code 10021-2656</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBE863F35B8AA49AC8F6</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sari Serber</p> <p>Mailing Address 62 Angelus Dr</p> <p>City Greenwich State CT Zip Code 06831-3634</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF720C48500A74BC2B8A</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Jay Shah Mailing Address 330 Gypsy Ln	<b>Transaction ID:</b> B548F21375B8946D39E3 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Wynnewood State PA Zip Code 19096-1103 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>400.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) William R Shepard Mailing Address 30 South Wacker Dr # 1418 City Chicago State IL Zip Code 60606-7413 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B07E4CD0B34DB42B6A1F <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Shivery Mailing Address 3 Garnett Hill Ln City Avon State CT Zip Code 06001-4081 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> BF23342D14CDE4B1FA7B <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3400.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) David Shufrin	<b>Transaction ID:</b> BF89889EF0D4B4F32847 <b>Date of Disbursement</b>																				
Mailing Address 62 Angelus Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06831-3634	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Eric Shufrin	<b>Transaction ID:</b> B64EF2ACB1C724935ADD <b>Date of Disbursement</b>																				
Mailing Address 62 Angelus Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06831-3634	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Harry Shufrin	<b>Transaction ID:</b> B081948458B9B4335B34 <b>Date of Disbursement</b>																				
Mailing Address 62 Angelus Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Greenwich State CT Zip Code 06831-3634	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Pearl Shufirin Mailing Address 81-20 156th Ave	<b>Transaction ID:</b> B94706EDBAA9442B6963 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Howard Beach NY 11414-2300 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Alexander Sidorenko Mailing Address 16 Sunrise Drive City State Zip Code Armonk NY 10504-1440 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B5116EAEB2C704D0EB0E <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Irina Sidorenko Mailing Address 16 Sunrise Drive City State Zip Code Armonk NY 10504-1440 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> BFFAD6EB5704F4EDFBFF <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2300.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6900.00

**TOTAL** This Period (last page this line number only) ..... ►

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard Siegal	<b>Transaction ID:</b> BD02E9BA19FB140C29BE <b>Date of Disbursement</b>
Mailing Address 1526 Bay Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Atlantic Beach State NY Zip Code 11509-1606	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) James Simons	<b>Transaction ID:</b> B0070D0EAB8CD45908A8 <b>Date of Disbursement</b>
Mailing Address 1060 5th Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10128-0104	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2100.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Cathy Slavik	<b>Transaction ID:</b> BD655D9E19A5D41AC909 <b>Date of Disbursement</b>
Mailing Address 1931 E. Valley Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Bloomfield Hills State MI Zip Code 48304-2156	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<div>6700.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Richard Slavik

Mailing Address 1931 E. Valley Rd

City Bloomfield Hills State MI Zip Code 48304-2156

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC62EAE447E476C8E8

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 8 / 2 1 / 2 0 0 8

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Sharon Slavik

Mailing Address 2949 Vineyards Dr

City Troy State MI Zip Code 48098-6207

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BCDCAF7B34509460AA44

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 8 / 2 1 / 2 0 0 8

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Stephan Slavik

Mailing Address 2949 Vineyards Dr

City Troy State MI Zip Code 48098-6207

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B86F18B6AE47A4245B7E

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 8 / 2 1 / 2 0 0 8

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew Smaller	<b>Transaction ID:</b> B1C686E812A9F46D3823 <b>Date of Disbursement</b>																				
Mailing Address 24 Hendrie Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Old Greenwich State CT Zip Code 06870-1938	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Candice Smaller	<b>Transaction ID:</b> BCDDA053573584BA882A <b>Date of Disbursement</b>																				
Mailing Address 24 Hendrie Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Old Greenwich State CT Zip Code 06870-1938	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Catherine H. Smith	<b>Transaction ID:</b> B2A0B85EAD5A14BF28B7 <b>Date of Disbursement</b>																				
Mailing Address 90 Foote Hill Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Northford State CT Zip Code 06472-1367	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1700.00</td> </tr> </table>	1700.00																			
1700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. William K Smith, MD</p> <p>Mailing Address 2700 Virginia Avenue NW Apartment 101</p> <p>City Washington State DC Zip Code 20037-1908</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B68C77780608540A9A58</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Douglas B. Sosnik</p> <p>Mailing Address 2910 Brandywine St. NW</p> <p>City Washington State DC Zip Code 20008-2138</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B697CB0CF020540B4AD1</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Warren Spector</p> <p>Mailing Address 40 Fifth Ave</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1F4769B9F56F479DABF</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Virginia E. Srednicki Mailing Address P.O. Box 288	<b>Transaction ID:</b> B7958EE4E58D94B72BCE <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Montchanin State DE Zip Code 19710-0288 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>300.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Geoffrey Stack Mailing Address 18801 Bardeen Ave City Irvine State CA Zip Code 92612-1520 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B5485FA9C6CDF493191B <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2100.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Geoffrey Starin Mailing Address 1103 East Boston St City Seattle State WA Zip Code 98102-4127 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B49815BF604D34C1F8D3 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1800.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

4200.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John R Strangfeld	<b>Transaction ID:</b> B356CC8DA374A49B1BE9 Date of Disbursement
Mailing Address 51 Post Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Bernardsville NJ 07924-1115	Amount of Each Disbursement this Period <div>2300.00</div>
Purpose of Disbursement Refund	<div></div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Yolanda Suarez	<b>Transaction ID:</b> BA0CF142483A744DB91D Date of Disbursement
Mailing Address 10601 SW 69th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Miami FL 33156-3924	Amount of Each Disbursement this Period <div>2300.00</div>
Purpose of Disbursement Refund	<div></div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Suisman	<b>Transaction ID:</b> B36B32CBE285149A7973 Date of Disbursement
Mailing Address 1611 21st St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20009-1046	Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement Refund	<div></div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. Richard F. Syron

Mailing Address 67 Fairgreen Pl.

City Chestnut Hill State MA Zip Code 02467-2721

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD453FA851CF743C19A8

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Michael Toner

Mailing Address 23 Niles Rd

City Mystic State CT Zip Code 06355-3289

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B69CE16E647184B369F2

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)  
Carol Treibick

Mailing Address 138 East St

City Carlisle State MA Zip Code 01741-1105

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BBD7E0423AC3C49748C7

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional) .....

6100.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Treibick	<b>Transaction ID:</b> BA4EA1EB0C4DE4B1EAEC <b>Date of Disbursement</b>
Mailing Address 138 East St	<div> <div>MM / DD / YY</div> <div>08 / 21 / 2008</div> </div>
City Carlisle State MA Zip Code 01741-1105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund Candidate Name	<div>1700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Theodore Treibick	<b>Transaction ID:</b> B5BE389DD535E443E8A5 <b>Date of Disbursement</b>
Mailing Address 138 East St	<div> <div>MM / DD / YY</div> <div>08 / 21 / 2008</div> </div>
City Carlisle State MA Zip Code 01741-1105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund Candidate Name	<div>1700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Kathleen Tropin	<b>Transaction ID:</b> B116F82F43E5941B7917 <b>Date of Disbursement</b>
Mailing Address 260 West Raod	<div> <div>MM / DD / YY</div> <div>08 / 21 / 2008</div> </div>
City New Canaan State CT Zip Code 06840	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund Candidate Name	<div>2300.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

5700.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. Kenneth G Tropin

Mailing Address 260 West Road

City State Zip Code  
New Canaan CT 06840-3017

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B60E832CBA07A4352A53

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Cow Creek Band of Umpqua Tribe

Mailing Address 2371 NE Stephens Street  
Suite 100

City State Zip Code  
Roseburg OR 97470-1399

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4367AEBE9F1B4BD3BCA

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)  
Robert Veninata

Mailing Address 58 East 83rd St  
Apt 1b

City State Zip Code  
New York NY 10028-1125

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B4BD12BB4B48B4EA597F

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) ►

6900.00

TOTAL This Period (last page this line number only) ►



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael Vranos	<b>Transaction ID:</b> B89F2FC2CB6464DE7992 <b>Date of Disbursement</b>
Mailing Address 17 Squires Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Weston State CT Zip Code 06883	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) James A. Wade	<b>Transaction ID:</b> B8A3D12E9E6D44BFB990 <b>Date of Disbursement</b>
Mailing Address 280 Trumbull St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Hartford State CT Zip Code 06103-3501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>700.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) W. Edward Walter	<b>Transaction ID:</b> B8E2F3E0D8C9842A1904 <b>Date of Disbursement</b>
Mailing Address 6903 Rock Ledge Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Bethesda State MD Zip Code 20817	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Michael M. Wathen	<b>Transaction ID:</b> B8412B169A6F94525B97 <b>Date of Disbursement</b>																				
Mailing Address 231 Turtle Back Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City State Zip Code New Canaan CT 06840-2624	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James D Weddle	<b>Transaction ID:</b> B4AD67181C08B44D9B85 <b>Date of Disbursement</b>																				
Mailing Address 121 Plant Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City State Zip Code Webster Groves MO 63119-3046	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Amy Shepherd Weinberg	<b>Transaction ID:</b> B3FAD134736BF4280A2B <b>Date of Disbursement</b>																				
Mailing Address 35 Knollwood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City State Zip Code Greenwich CT 06830-4732	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">5300.00</td> </tr> </table>	5300.00																			
5300.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

	23		24		25		26		27a
	27b	X	28a		28b		28c		29

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

FEC Schedule B ( Form 3P)

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)  
Mr. David B Williams

Mailing Address 860 Canal Street  
3rd Floor

City State Zip Code  
Stamford CT 06902

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFB3A302C127E455F864

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)  
Donald Wolff

Mailing Address 116 Timber Trail

City State Zip Code  
Tolland CT 06084-3253

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B44716D2F6E894C11A37

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)  
Len Wolman

Mailing Address 190 Niantic River Rd

City State Zip Code  
Waterford CT 06385-1847

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC4A08F2CAA8742C89D9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional) .....

4850.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Robyn Wolman	<b>Transaction ID:</b> B19290690DAA043FE93B <b>Date of Disbursement</b>																				
Mailing Address 190 Niantic River Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Waterford State CT Zip Code 06385-1847	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Leslie Woolley	<b>Transaction ID:</b> B402414DFCA004AE5915 <b>Date of Disbursement</b>																				
Mailing Address 600 Oakley Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Alexandria State VA Zip Code 22302-3611	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Melissa Yanis	<b>Transaction ID:</b> BF08BA360E8794067AA9 <b>Date of Disbursement</b>																				
Mailing Address 767 Third Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City New York State NY Zip Code 10017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6900.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27b ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Yanis	<b>Transaction ID:</b> B0C3430861B8847A2867 <b>Date of Disbursement</b>
Mailing Address 767 Third Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10017	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Holly Zimmerman	<b>Transaction ID:</b> B3FD97BA009D8489DB74 <b>Date of Disbursement</b>
Mailing Address 181 E 105th St #19A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10029-4918	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Zimmerman	<b>Transaction ID:</b> B69EE1B3AFED14742993 <b>Date of Disbursement</b>
Mailing Address 181 E 105th St #19A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10029-4918	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>6900.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div>631100.00</div>

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) AON Pac	<b>Transaction ID:</b> BDB2C7F2971FF45E1899 <b>Date of Disbursement</b>
Mailing Address 200 East Randolph St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Arnold & Porter PAC	<b>Transaction ID:</b> BAC0657146DC34FE7A72 <b>Date of Disbursement</b>
Mailing Address 555 12th St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AXA Equitable Life Ins PAC	<b>Transaction ID:</b> BA3C9E25DC6434E80B2D <b>Date of Disbursement</b>
Mailing Address 1290 Ave of the Americas 21st Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10104	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27b ☐ 28a ☐ 28b ☒ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America PAC	<b>Transaction ID:</b> BDD47357C58AC478FA0B <b>Date of Disbursement</b>
Mailing Address 600 Peachtree Street, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Atlanta State GA Zip Code 30308-3615	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Becerra for Congress	<b>Transaction ID:</b> B0C05DD5C4FBF4E3D9E7 <b>Date of Disbursement</b>
Mailing Address PO Box 261060	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Los Angeles State CA Zip Code 90026	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BrickLayers and Allied Craftworkers PAC	<b>Transaction ID:</b> B4DF54B21DFB64654BA4 <b>Date of Disbursement</b>
Mailing Address 1776 Eye St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20006	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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☐ 27b ☐ 28a ☐ 28b ☒ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Credit Suisse Securities PAC Mailing Address 1401 Eye Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B2B904FBD5C8D4B6083A <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CULAC PAC Mailing Address 601 Pennsylvania Ave NW Suite 600 City Washington State DC Zip Code 20004 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B0793A2321E944BFD876 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Deloitte & Touche PAC Mailing Address PO Box 365 City Washington State DC Zip Code 20044 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BCEE3EC6E78E2451EBB6 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8500.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) DLA Piper PAC	<b>Transaction ID:</b> B9D5B1DAE57D94B3EA87 <b>Date of Disbursement</b>																				
Mailing Address 1200 19th Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Services Roundtable PAC	<b>Transaction ID:</b> B3F5B2EBBA916405E8E2 <b>Date of Disbursement</b>																				
Mailing Address 1001 Pennsylvania Avenue Suite 500 South	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fisher Scientific International PAC	<b>Transaction ID:</b> BD4C2C64CCBC34820B34 <b>Date of Disbursement</b>																				
Mailing Address Liberty Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City Hampton State NH Zip Code 03842	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Friends of Patrick J Kennedy, Inc.

Mailing Address PO Box 321

City  
Pawtucket

State  
RI

Zip Code  
02862

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB6984B54CFAD4B1BAF7

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

ING US PAC

Mailing Address 151 Farmington Avenue  
TS31

City  
Hartford

State  
CT

Zip Code  
06156

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BD9C43956D2944227A6E

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

International Council of Shopping Centers, PAC

Mailing Address 1399 New York Avenue NW  
Suite 720

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B3438D8CB04E14A9CA65

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Investment Company Institute PAC

Mailing Address ICI PAC  
1401 H Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B736183059D0E474885F

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kaman Corp PAC

Mailing Address 1332 Blue Hills Ave

City Bloomfield State CT Zip Code 06002

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B44FF2ED927544830BFC

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

KPMG PAC

Mailing Address P.O. Box 18254

City Washington State DC Zip Code 20036-9998

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B317A37D84830486EBBD

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☒ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Landamerica Financial Group Inc. PAC	<b>Transaction ID:</b> B35AB7948ADB14B0688A <b>Date of Disbursement</b>
Mailing Address Gateway One 101 Gateway Centre Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23235	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Leadership for Communities PAC	<b>Transaction ID:</b> B50CFA9AA07EA43E59BD <b>Date of Disbursement</b>
Mailing Address 206 Windy Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Waterbury State CT Zip Code 06705	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Leadership of Today and Tomorrow PAC	<b>Transaction ID:</b> BB7D3F270BB6D42F9875 <b>Date of Disbursement</b>
Mailing Address 607 14th Street, NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>11000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☒ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) National Retail Fed Inc. PAC	<b>Transaction ID:</b> BA03430B8F8E845B399E <b>Date of Disbursement</b>
Mailing Address 325 7th Street NW Suit 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) National Structure Settlements -PAC	<b>Transaction ID:</b> BF579C5D8A0F643F3A28 <b>Date of Disbursement</b>
Mailing Address 2025 M Street NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036-2422	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>2000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Natl Assoc. of Credit Unions PAC	<b>Transaction ID:</b> B8B55D7F474AD4F26823 <b>Date of Disbursement</b>
Mailing Address 3188 10th St. North	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>5000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) New York Life PAC <hr/> Mailing Address C/O Jonathan Paone, Director 51 Madison Avenue <hr/> City New York State NY Zip Code 10010 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B219058AC4C304D0DBCE <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	1		2	0	0	8													
2000.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) New York Stock Exchange <hr/> Mailing Address 801 Pennsylvania Avenue NW Suite 630 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B9856010BD7B64715982 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	1		2	0	0	8													
1000.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) Pitney Bowes Inc. PAC <hr/> Mailing Address Pitney Bowes World Headquarters 1 Elmcroft Road <hr/> City Stamford State CT Zip Code 1439 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B07B462730F43459EB65 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	1		2	0	0	8													
5000.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8000.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 196

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

Public Service Enterprise Gp PAC

Mailing Address 60 Park Plaza

City  
Newark

State  
NJ

Zip Code  
07102

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B640CE27BCE1643B4872

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Riegle For Senate Committee

Mailing Address 5017 Klingee St.

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2957A4CB257C4DA9B15

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Safe-PAC

Mailing Address Safeco Plaza

City  
Seattle

State  
WA

Zip Code  
98185

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BA464C264B1814CD7A20

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....



	23		24		25		26		27a
	27b		28a		28b	X	28c		29

Chris Dodd For President Inc

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☒ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

<b>A.</b> Full Name (Last, First, Middle Initial) Sterns & Weinroth, PC PAC	<b>Transaction ID:</b> BE410159F58FB4CB0A40 <b>Date of Disbursement</b>
<b>Mailing Address</b> 50 West State Street PO Box 1298	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
<b>City</b> Trenton <b>State</b> NJ <b>Zip Code</b> 08608-1220	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Refund	<div>1500.00</div>
<b>Candidate Name</b>	<div>Category/Type</div>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) The Chubb Corp PAC	<b>Transaction ID:</b> B575461A72B4F432EABD <b>Date of Disbursement</b>
<b>Mailing Address</b> 15 Mountain View Road P O Box 1615	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
<b>City</b> Plainfield <b>State</b> NJ <b>Zip Code</b> 07061	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Refund	<div>2500.00</div>
<b>Candidate Name</b>	<div>Category/Type</div>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) United Technologies PAC	<b>Transaction ID:</b> BA8C4801028354016812 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1 Fiancial Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
<b>City</b> Hartford <b>State</b> CT <b>Zip Code</b> 06101	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Refund	<div>5000.00</div>
<b>Candidate Name</b>	<div>Category/Type</div>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)

VISA USA Inc PAC

Mailing Address 1300 Connecticut Ave NW  
Suite 900

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B2DEE88C18CFF42568D3

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Washington Mutual PAC

Mailing Address 1215 Fourth Avenue  
FCB 1620

City Seattle State WA Zip Code 98161

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B651CF17678E94B70BC0

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

127100.00

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 132 / 196

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Universal Printing Company LLCNature of Debt (Purpose):  
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code  
Scranton PA 18509

Outstanding Balance Beginning This Period

2327.31

Transaction ID: D0A1C9B9020DA4F7F9B3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2327.31

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Universal Printing Company LLCNature of Debt (Purpose):  
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code  
Scranton PA 18509

Outstanding Balance Beginning This Period

411.45

Transaction ID: D0B46426F11F0465B888

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

411.45

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Universal Printing Company LLCNature of Debt (Purpose):  
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code  
Scranton PA 18509

Outstanding Balance Beginning This Period

348.36

Transaction ID: D68AD64DCDC624C69A94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

348.36

**1) SUBTOTALS** This Period This Page (optional).....

3087.12

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TVEyes, Inc.

Nature of Debt (Purpose):  
Media Services

Mailing Address 2150 Post Road

City State ZIP Code  
Fairfield CT 06824

Outstanding Balance Beginning This Period

500.00

Transaction ID: D018D6F8488CD4328B41

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Immediacy Group

Nature of Debt (Purpose):  
Television

Mailing Address 1800 S Street

City State ZIP Code  
Washington DC 20009

Outstanding Balance Beginning This Period

45000.00

Transaction ID: D4C86C8799F3445D78A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Immediacy Group

Nature of Debt (Purpose):  
Television

Mailing Address 1800 S Street

City State ZIP Code  
Washington DC 20009

Outstanding Balance Beginning This Period

65000.00

Transaction ID: D6EC88DE849224213A22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65000.00

1) **SUBTOTALS** This Period This Page (optional).....

110500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Newman and Leventhal Caterers, Inc.Nature of Debt (Purpose):  
Caterer

Mailing Address 45 West 81st Street

City State ZIP Code  
New York NY 10024-6025

Outstanding Balance Beginning This Period

2136.07

Transaction ID: D2FDEA7A6FB3F461FA7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2136.07

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carter PrintingNature of Debt (Purpose):  
Printing

Mailing Address 1739 East Grand Avenue

City State ZIP Code  
Des Moines IA 50316

Outstanding Balance Beginning This Period

7233.31

Transaction ID: D3239DDE2C2B14D02B40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7233.31

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FreemanNature of Debt (Purpose):  
Event Rental

Mailing Address P.O. Box 650036

City State ZIP Code  
Dallas TX 75265-0036

Outstanding Balance Beginning This Period

2774.87

Transaction ID: D762D234592FA4797973

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2774.87

**1) SUBTOTALS** This Period This Page (optional).....

12144.25

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Universal Printing Company LLC

Nature of Debt (Purpose):  
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code  
Scranton PA 18509

Outstanding Balance Beginning This Period

485.08

Transaction ID: DC5C4695FC2C6478F875

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

485.08

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Universal Printing Company LLC

Nature of Debt (Purpose):  
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code  
Scranton PA 18509

Outstanding Balance Beginning This Period

3708.25

Transaction ID: D89306888B7864931B8A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3708.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hinckley Springs

Nature of Debt (Purpose):  
Water Cooler Services

Mailing Address P.O. Box 660579

City State ZIP Code  
Dallas TX 75266-0579

Outstanding Balance Beginning This Period

296.68

Transaction ID: DFD07531348F8439BA68

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

296.68

1) **SUBTOTALS** This Period This Page (optional).....

4490.01

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hinckley SpringsNature of Debt (Purpose):  
Water Cooler Services

Mailing Address P.O. Box 660579

City State ZIP Code  
Dallas TX 75266-0579

Outstanding Balance Beginning This Period

306.68

Transaction ID: DE674F26EC06645DDB95

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

306.68

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExxonMobilNature of Debt (Purpose):  
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code  
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

429.36

Transaction ID: D2591D51138CC454BA3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

429.36

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExxonMobilNature of Debt (Purpose):  
Gasoline

Mailing Address P.O. Box 688938

City State ZIP Code  
Des Moines IA 50368-8938

Outstanding Balance Beginning This Period

241.86

Transaction ID: D303F42DD72104352BB3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

241.86

**1) SUBTOTALS** This Period This Page (optional).....

977.90

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Embarq

Nature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660068

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

378.82

Transaction ID: DF4A4422265684FB29B9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

378.82

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Embarq

Nature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660068

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

1064.16

Transaction ID: DBF0B293CD60A40ED8E0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1064.16

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

1055.11

Transaction ID: D561E5E0579E7422A8F4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1055.11

1) **SUBTOTALS** This Period This Page (optional).....

2498.09

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

304.30

Transaction ID: DD45DB76A7149485EADE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

304.30

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

1861.62

Transaction ID: DFE38B3A3574543178FC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1861.62

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Waste Management

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 756

City State ZIP Code  
Des Moines IA 50303

Outstanding Balance Beginning This Period

266.02

Transaction ID: D13EE948ED74B4BE0B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.02

1) **SUBTOTALS** This Period This Page (optional).....

2431.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 139 / 196

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Waste ManagementNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 756

City State ZIP Code  
Des Moines IA 50303

Outstanding Balance Beginning This Period

149.94

Transaction ID: D26D95FA926E146209F5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

149.94

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

25037.09

Transaction ID: D2550339EB07C40E994D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25037.09

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

25233.00

Transaction ID: DDAAD6917DA7140B1B6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25233.00

**1) SUBTOTALS** This Period This Page (optional).....

50420.03

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

25134.72

Transaction ID: D2900156C49674E41A2B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25134.72

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

20016.20

Transaction ID: D14FCCBCA21B449EB877

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20016.20

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Immediacy GroupNature of Debt (Purpose):  
Television

Mailing Address 1800 S Street

City State ZIP Code  
Washington DC 20009

Outstanding Balance Beginning This Period

50000.00

Transaction ID: DE079EBE7C9854073A8E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

1) **SUBTOTALS** This Period This Page (optional).....

95150.92

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

434.09

Transaction ID: D93A99FFBC04A4242996

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

434.09

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shippng

Mailing Address PO Box 7247-0244

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

126.91

Transaction ID: D46BD2137637F4679A43

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.91

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

427.18

Transaction ID: DC7364FE5C9E54CCCA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

427.18

1) **SUBTOTALS** This Period This Page (optional).....

988.18

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

PAGE 142 / 196

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

60.76

Transaction ID: D6EB2D896D8C64BA8AA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedar Rapids Municipal Utilities

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3255

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

165.81

Transaction ID: D9457B91CEE0540E8A08

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

165.81

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Kilkenney's

Nature of Debt (Purpose):  
Food & Beverage

Mailing Address 300 West 3rd Street

City State ZIP Code  
Davenport IA 52801-1208

Outstanding Balance Beginning This Period

220.00

Transaction ID: DE9F171102B294984BCD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

220.00

1) **SUBTOTALS** This Period This Page (optional).....

446.57

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cox CommunicationsNature of Debt (Purpose):  
Internet Services

Mailing Address PO Box 6059

City State ZIP Code  
Cypress CA 90630

Outstanding Balance Beginning This Period

138.02

Transaction ID: DEAEBC41D358C496EAEB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

138.02

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Frontline ProductionsNature of Debt (Purpose):  
Lighting & Video

Mailing Address 125 Hemlock Drive

City State ZIP Code  
Deep River CT 06417

Outstanding Balance Beginning This Period

885.00

Transaction ID: DF269F8B8076845BAB94

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

885.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Heartland Flagpoles and FlagsNature of Debt (Purpose):  
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code  
Des Moines IA 50315

Outstanding Balance Beginning This Period

436.60

Transaction ID: D42D026888D4F47D198F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.60

1) **SUBTOTALS** This Period This Page (optional).....

1459.62

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Geoff LuxenbergNature of Debt (Purpose):  
Reimbursement for Gas/Pay-  
ment for signat

Mailing Address 249A New State Road

City State ZIP Code  
Manchester CT 06042-7959

Outstanding Balance Beginning This Period

107.00

Transaction ID: D3BEB98490D8F4B87A07

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
U.S. Express Inc.Nature of Debt (Purpose):  
Courier Services

Mailing Address 3240 Hubbard Road

City State ZIP Code  
Landover MD 20785

Outstanding Balance Beginning This Period

160.24

Transaction ID: D80871DA60A7642ADAA1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.24

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Koch BrothersNature of Debt (Purpose):  
CopierMailing Address 325 Grand Avenue  
P.O. Box 1755City State ZIP Code  
Des Moines IA 50306

Outstanding Balance Beginning This Period

126.82

Transaction ID: DFAE4308D10124EEDAE3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.82

1) **SUBTOTALS** This Period This Page (optional).....

394.06

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Koch Brothers

Nature of Debt (Purpose):  
Copier

Mailing Address 325 Grand Avenue  
P.O. Box 1755

City State ZIP Code  
Des Moines IA 50306

Outstanding Balance Beginning This Period

318.00

Transaction ID: D3176BA92E7384BCA0A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

318.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Koch Brothers

Nature of Debt (Purpose):  
Copier

Mailing Address 325 Grand Avenue  
P.O. Box 1755

City State ZIP Code  
Des Moines IA 50306

Outstanding Balance Beginning This Period

211.99

Transaction ID: D3C51D93654FD40B59BB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.99

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Koch Brothers

Nature of Debt (Purpose):  
Copier

Mailing Address 325 Grand Avenue  
P.O. Box 1755

City State ZIP Code  
Des Moines IA 50306

Outstanding Balance Beginning This Period

318.00

Transaction ID: D49C4F11B6E044AA5A29

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

318.00

1) **SUBTOTALS** This Period This Page (optional).....

847.99

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City	State	ZIP Code
Irvine	CA	92618-4201

Outstanding Balance Beginning This Period

561.93

Transaction ID: DA1C685B9BFAF4CD7A76

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

561.93

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City	State	ZIP Code
Irvine	CA	92618-4201

Outstanding Balance Beginning This Period

281.01

Transaction ID: DB59E8AD1B4CC46098EF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

281.01

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City	State	ZIP Code
Irvine	CA	92618-4201

Outstanding Balance Beginning This Period

285.25

Transaction ID: D59D402EB48494DF2B2C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

285.25

1) **SUBTOTALS** This Period This Page (optional).....

1128.19

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City	State	ZIP Code
Irvine	CA	92618-4201

Outstanding Balance Beginning This Period

153.03

Transaction ID: D40B8D89E3ABE4545B3C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.03

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City	State	ZIP Code
Irvine	CA	92618-4201

Outstanding Balance Beginning This Period

660.55

Transaction ID: D0F58D7FEFA5B4E43939

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

660.55

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City	State	ZIP Code
Irvine	CA	92618-4201

Outstanding Balance Beginning This Period

625.92

Transaction ID: D7AA61021F4A546ABB58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

625.92

1) **SUBTOTALS** This Period This Page (optional).....

1439.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Monthly Phone Charges

Mailing Address 8808 Irvine Center Drive

City State ZIP Code  
Irvine CA 92618-4201

Outstanding Balance Beginning This Period

364.55

Transaction ID: DC3EE07A89ADF414596B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

364.55

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ABC-Electrical Contractors

Nature of Debt (Purpose):  
Phone Work
Mailing Address 10520 Hickman Road  
Suite ABC
City State ZIP Code  
Des Moines IA 50325

Outstanding Balance Beginning This Period

1866.01

Transaction ID: DADFAFC251E1148F6B40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1866.01

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Simard Printing

Nature of Debt (Purpose):  
Printing Services

Mailing Address 300 Salem Street

City State ZIP Code  
Woburn MA 01801-2055

Outstanding Balance Beginning This Period

433.13

Transaction ID: DAEB900B19D5343069F1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

433.13

1) **SUBTOTALS** This Period This Page (optional).....

2663.69

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Old Town Family RestaurantNature of Debt (Purpose):  
Food & Beverage

Mailing Address 2107 Camanche Avenue

City State ZIP Code  
Clinton IA 52732-6036

Outstanding Balance Beginning This Period

130.00

Transaction ID: D8B59DA12044449C0AE9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MoreSound CompanyNature of Debt (Purpose):  
Sound Equipment

Mailing Address 102 North Street

City State ZIP Code  
Jaffrey NH 03452-5301

Outstanding Balance Beginning This Period

400.00

Transaction ID: D4310E2A2AC3D49AFB1C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Washington Promotions & PrintingNature of Debt (Purpose):  
PrintingMailing Address 5125 MacArthur Blvd. NW  
Suite 14City State ZIP Code  
Washington DC 20016

Outstanding Balance Beginning This Period

5547.90

Transaction ID: DE815690D20EF4A6EB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5547.90

**1) SUBTOTALS** This Period This Page (optional).....

6077.90

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TVEyes, Inc.Nature of Debt (Purpose):  
Media Services

Mailing Address 2150 Post Road

City State ZIP Code  
Fairfield CT 06824

Outstanding Balance Beginning This Period

500.00

Transaction ID: D80E35642DA924E9798A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TVEyes, Inc.Nature of Debt (Purpose):  
Media Services

Mailing Address 2150 Post Road

City State ZIP Code  
Fairfield CT 06824

Outstanding Balance Beginning This Period

500.00

Transaction ID: DF1403972FFAD472384D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TVEyes, Inc.Nature of Debt (Purpose):  
Media Services

Mailing Address 2150 Post Road

City State ZIP Code  
Fairfield CT 06824

Outstanding Balance Beginning This Period

500.00

Transaction ID: D421D5108046A4FA4973

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**1) SUBTOTALS** This Period This Page (optional).....

1500.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verham News

Nature of Debt (Purpose):  
Rent

Mailing Address P.O. Box 706

City State ZIP Code  
White Riv Jct VT 05001-0706

Outstanding Balance Beginning This Period

910.28

Transaction ID: DE2E3D979014F4B2194A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

910.28

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Comcast

Nature of Debt (Purpose):  
Cable & Internet

Mailing Address PO Box 1577

City State ZIP Code  
Newark NJ 07101

Outstanding Balance Beginning This Period

351.30

Transaction ID: D3A3A16E658A34B44B21

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

351.30

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Comcast

Nature of Debt (Purpose):  
Cable Service

Mailing Address PO Box 1577

City State ZIP Code  
Newark NJ 07101

Outstanding Balance Beginning This Period

513.74

Transaction ID: D054E2AB68F284AAA9A7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

513.74

1) **SUBTOTALS** This Period This Page (optional).....

1775.32

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVADNature of Debt (Purpose):  
Internet ServicesMailing Address Dept. 33408  
PO BOX 39000City State ZIP Code  
San Francisco CA 94139

Outstanding Balance Beginning This Period

1056.76

Transaction ID: D7FB209F7C488450BA73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVADNature of Debt (Purpose):  
Internet ServicesMailing Address Dept. 33408  
PO BOX 39000City State ZIP Code  
San Francisco CA 94139

Outstanding Balance Beginning This Period

1535.76

Transaction ID: D5E78BD6138D849C8A7B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1535.76

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Interstate Power and Light Co.Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 5007

City State ZIP Code  
Dubuque IA 52004-5007

Outstanding Balance Beginning This Period

250.36

Transaction ID: DF8C3EA191F814F5C94C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.36

**1) SUBTOTALS** This Period This Page (optional).....

2842.88

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Free Media, Inc.

Nature of Debt (Purpose):  
Reimbursement for Phone  
Expenses

Mailing Address 777 West End Avenue  
#5C

City State ZIP Code  
New York NY 10025

Outstanding Balance Beginning This Period

150.09

Transaction ID: D142C4EE26CC3459DA22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.09

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Free Media, Inc.

Nature of Debt (Purpose):  
Reimbursement for Travel  
Expenses

Mailing Address 777 West End Avenue  
#5C

City State ZIP Code  
New York NY 10025

Outstanding Balance Beginning This Period

635.01

Transaction ID: DF03B1B1603F54C5183C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

635.01

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Travelers

Nature of Debt (Purpose):  
Insurance

Mailing Address CL & Specialty Remittance Center  
Remittance Box 96359

City State ZIP Code  
Hartford CT 06183-1008

Outstanding Balance Beginning This Period

9619.00

Transaction ID: D490B4AF8A85D4E99B96

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9619.00

1) **SUBTOTALS** This Period This Page (optional).....

10404.10

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Home Front CommunicationsNature of Debt (Purpose):  
Video

Mailing Address 1121 14th Street NW

City State ZIP Code  
Washington DC 20005-5641

Outstanding Balance Beginning This Period

6000.00

Transaction ID: D9C275736AC4E46B69DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The TelegraphNature of Debt (Purpose):  
Subscription

Mailing Address PO Box 1008

City State ZIP Code  
Nashua NH 03061

Outstanding Balance Beginning This Period

20.81

Transaction ID: D1D76CBB4EBC7498F81D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.81

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
QwestNature of Debt (Purpose):  
TelephoneMailing Address Business Services  
PO Box 91154City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

1062.75

Transaction ID: D61C348CBB0624AED874

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1062.75

**1) SUBTOTALS** This Period This Page (optional).....

7083.56

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
QwestNature of Debt (Purpose):  
TelephoneMailing Address Business Services  
PO Box 91154City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

474.82

Transaction ID: DD4C14996C4ED457DBEB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

474.82

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
QwestNature of Debt (Purpose):  
TelephoneMailing Address Business Services  
PO Box 91154City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

575.42

Transaction ID: DA3182C7E844C4F039CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

575.42

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
QwestNature of Debt (Purpose):  
TelephoneMailing Address Business Services  
PO Box 91154City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

418.15

Transaction ID: DA397374A80A8418D9FD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

418.15

**1) SUBTOTALS** This Period This Page (optional).....

1468.39

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

669.82

Transaction ID: D6224518C358E4E34936

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

669.82

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

657.85

Transaction ID: D160BB52601F3469FBFA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

657.85

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

58.58

Transaction ID: DC07FD8583E3F4BA58CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.58

1) **SUBTOTALS** This Period This Page (optional).....

1386.25

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

677.36

Transaction ID: DF660180FF5C543E886F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

677.36

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

106.73

Transaction ID: DE2EA2BD913EF4C59A0F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.73

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

471.50

Transaction ID: DE70EBFB35F4E4F5BBA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

471.50

1) **SUBTOTALS** This Period This Page (optional).....

1255.59

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

622.51

Transaction ID: DA75CCBF704CB4716B86

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

622.51

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Qwest

Nature of Debt (Purpose):  
Telephone

Mailing Address Business Services  
PO Box 91154

City State ZIP Code  
Seattle WA 98111

Outstanding Balance Beginning This Period

431.46

Transaction ID: D703363A20B0E44A7A6C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

431.46

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

401.72

Transaction ID: D5B3618F71E3745EC9DD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

401.72

1) **SUBTOTALS** This Period This Page (optional).....

1455.69

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

239.60

Transaction ID: DE6029EBE091B415FB6D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.60

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

852.59

Transaction ID: D21C371285AF1401F9CB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

852.59

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

263.55

Transaction ID: DBA39930B48064589AB5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

263.55

1) **SUBTOTALS** This Period This Page (optional).....

1355.74

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

50.75

Transaction ID: DF36117C0589D4D9C911

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

877.55

Transaction ID: D6F4061A34DE04783A3F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

877.55

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

254.12

Transaction ID: D637921B16CAA45B19B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

254.12

1) **SUBTOTALS** This Period This Page (optional).....

1182.42

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Alliant EnergyNature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3066

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

540.80

Transaction ID: D4DB84BA83BD34248B12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Allied TelecomNature of Debt (Purpose):  
Internet Services

Mailing Address PO BOX 758792

City State ZIP Code  
Baltimore MD 21275

Outstanding Balance Beginning This Period

850.00

Transaction ID: DEA9D9C89FC7F444DAD8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

850.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New HampshireNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

246.08

Transaction ID: DE82D6F912C4D47CB9A5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

246.08

**1) SUBTOTALS** This Period This Page (optional).....

1636.88

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 162 / 196

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New HampshireNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

376.44

Transaction ID: DD1D454DB157C4318B67

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

376.44

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New HampshireNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

993.78

Transaction ID: D5B30D2CCB1A941208DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

993.78

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Service of New HampshireNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 360

City State ZIP Code  
Manchester NH 03105-0360

Outstanding Balance Beginning This Period

131.82

Transaction ID: D5B0C3B4DA75E4096B6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.82

1) **SUBTOTALS** This Period This Page (optional).....

1502.04

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Operations UnLimited, Inc.Nature of Debt (Purpose):  
Office Operations

Mailing Address 113 Hilands Place

City	State	ZIP Code
Pittsburgh	PA	15237

Outstanding Balance Beginning This Period

280.00

Transaction ID: D7C7D4BF737944E5A9A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

280.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Operations UnLimited, Inc.Nature of Debt (Purpose):  
Office Operations Consult-  
ing

Mailing Address 113 Hilands Place

City	State	ZIP Code
Pittsburgh	PA	15237

Outstanding Balance Beginning This Period

2928.11

Transaction ID: D0126046A41F34134AE6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2928.11

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pentimento Design LLCNature of Debt (Purpose):  
Reindeer decorations

Mailing Address 1133 Mapleton Avenue

City	State	ZIP Code
Suffield	CT	06078

Outstanding Balance Beginning This Period

212.00

Transaction ID: DF4C1AA581F164ADAB6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

212.00

**1) SUBTOTALS** This Period This Page (optional).....

3420.11

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mason City Public UtilitiesNature of Debt (Purpose):  
Utilities

Mailing Address 10 First Street Northwest

City	State	ZIP Code
Mason City	IA	50401-3224

Outstanding Balance Beginning This Period

123.36

Transaction ID: DDE7D15C566704EE4997

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ComcastNature of Debt (Purpose):  
Cable

Mailing Address P.O. Box 3005

City	State	ZIP Code
Southeastern	PA	19398-3005

Outstanding Balance Beginning This Period

130.78

Transaction ID: D77C21BCA099B4529A8B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.78

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ComcastNature of Debt (Purpose):  
Cable Service

Mailing Address P.O. Box 3005

City	State	ZIP Code
Southeastern	PA	19398-3005

Outstanding Balance Beginning This Period

197.56

Transaction ID: D1327435AF7974016BBD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.56

**1) SUBTOTALS** This Period This Page (optional).....

451.70

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660720

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

6277.73

Transaction ID: D0A801840ADAA424FBF4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6277.73

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon

Nature of Debt (Purpose):  
Telephone

Mailing Address PO Box 660720

City State ZIP Code  
Dallas TX 75266

Outstanding Balance Beginning This Period

22.28

Transaction ID: DF9E84213BC0C4FA4959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.28

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VFW Post 775

Nature of Debt (Purpose):  
Space Rental

Mailing Address 702 West Main Street

City State ZIP Code  
Ottumwa IA 52501-2226

Outstanding Balance Beginning This Period

150.00

Transaction ID: D9F4487EF4F6F4DB6923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

1) **SUBTOTALS** This Period This Page (optional).....

6450.01

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

983.75

Transaction ID: DAC79A50A402441AB9DA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

983.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

896.07

Transaction ID: D03866EA927C6487BAA8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

896.07

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

320.68

Transaction ID: DAB48C0D1D9BF48E2819

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

320.68

1) **SUBTOTALS** This Period This Page (optional).....

2200.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

694.96

Transaction ID: D7AA2635D35294D99959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

694.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

647.11

Transaction ID: DC05308729895455AAF0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

647.11

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VerizonNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 15041

City State ZIP Code  
Worcester MA 01615-0023

Outstanding Balance Beginning This Period

1646.22

Transaction ID: D684E05F5028F4B9FA8C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1646.22

**1) SUBTOTALS** This Period This Page (optional).....

2988.29

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Des Moines Theatrical Shop

Nature of Debt (Purpose):  
Costume Rental

Mailing Address 145 5th Street

City State ZIP Code  
West Des Moines IA 50265

Outstanding Balance Beginning This Period

106.00

Transaction ID: D7952AAF64B9C4F0997B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Des Moines Water Works

Nature of Debt (Purpose):  
Utilities

Mailing Address 2201 George Flagg Parkway

City State ZIP Code  
Des Moines IA 50321-1190

Outstanding Balance Beginning This Period

117.91

Transaction ID: D1475748209CF4A0092F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117.91

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
REMAX Results Realty

Nature of Debt (Purpose):  
Rent and Utilities

Mailing Address 202 1st NW

City State ZIP Code  
Mason City IA 50401

Outstanding Balance Beginning This Period

1036.46

Transaction ID: D14F42980C9EF465D8A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1036.46

1) **SUBTOTALS** This Period This Page (optional).....

1260.37

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jocelyn Augustino Photogrpaher

Nature of Debt (Purpose):  
Photographer

Mailing Address 3416 Gunston Road

City State ZIP Code  
Alexandria VA 22302-2134

Outstanding Balance Beginning This Period

69.00

Transaction ID: D0781506CE4AC48A0805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Deaf Services Unlimited

Nature of Debt (Purpose):  
Interpreting Service

Mailing Address Suite 170

City State ZIP Code  
Des Moines IA 50309

Outstanding Balance Beginning This Period

130.00

Transaction ID: DF8A44964B3424CC3B77

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Extra Space Storage

Nature of Debt (Purpose):  
Storage

Mailing Address 132 Silas Deane Highway

City State ZIP Code  
Wethersfield CT 06109

Outstanding Balance Beginning This Period

89.04

Transaction ID: DAA10574E87F546189CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

89.04

1) **SUBTOTALS** This Period This Page (optional).....

288.04

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Drink More WaterNature of Debt (Purpose):  
Water DeliveryMailing Address Montgomery County Airpark  
7595-A Rickenbacker DriveCity State ZIP Code  
Gaithersburg MD 20879

Outstanding Balance Beginning This Period

32.50

Transaction ID: DCDE895EA2CFC4A338ED

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NexGenNature of Debt (Purpose):  
Utilities

Mailing Address 10500 Hickman Road Ste J

City State ZIP Code  
Clive IA 50325-3706

Outstanding Balance Beginning This Period

224.86

Transaction ID: D2FBA9339003447ADB22

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

224.86

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MediacomNature of Debt (Purpose):  
Cable

Mailing Address P.O. Box 5744

City State ZIP Code  
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

19.14

Transaction ID: DBAEE80A9C8F14CBF964

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.14

1) **SUBTOTALS** This Period This Page (optional).....

276.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mediacom

Nature of Debt (Purpose):  
Cable

Mailing Address P.O. Box 5744

City State ZIP Code  
Carol Stream IL 60197-5744

Outstanding Balance Beginning This Period

92.37

Transaction ID: D34D4235A01F441BAA58

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.37

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WHO Newsradio 1040

Nature of Debt (Purpose):  
Recording Services

Mailing Address 2141 Grand Avenue

City State ZIP Code  
Des Moines IA 50312

Outstanding Balance Beginning This Period

400.00

Transaction ID: D5CA66406DA5143F7848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Big Ten Rentals, Inc.

Nature of Debt (Purpose):  
Bases

Mailing Address 1820 Boyrum St

City State ZIP Code  
Iowa City IA 52240-4555

Outstanding Balance Beginning This Period

34.82

Transaction ID: D9CE80039AE0F470B870

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34.82

1) **SUBTOTALS** This Period This Page (optional).....

527.19

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DC TreasurerNature of Debt (Purpose):  
Parking FineMailing Address Adjudication Services  
PO Box 2014City State ZIP Code  
Washington DC 20013

Outstanding Balance Beginning This Period

5.00

Transaction ID: DF17F5AFCCC744C43A1E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Storefront Political MediaNature of Debt (Purpose):  
Photographer

Mailing Address 250 Sutter Street, Suite 650

City State ZIP Code  
San Francisco CA 94108

Outstanding Balance Beginning This Period

537.08

Transaction ID: DDB39DC1EDB03445B8B5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

537.08

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bi-State Cartridge Service, Inc.Nature of Debt (Purpose):  
Office Supplies

Mailing Address 1325 15th Street

City State ZIP Code  
Moline IL 61265

Outstanding Balance Beginning This Period

130.54

Transaction ID: D163D453900874450889

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

130.54

1) **SUBTOTALS** This Period This Page (optional).....

672.62

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct TVNature of Debt (Purpose):  
Cable Service

Mailing Address PO Box 60036

City State ZIP Code  
Los Angeles CA 90060

Outstanding Balance Beginning This Period

166.33

Transaction ID: D8A78FBAECFAE431F9D3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

166.33

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct TVNature of Debt (Purpose):  
Cable Service

Mailing Address PO Box 60036

City State ZIP Code  
Los Angeles CA 90060

Outstanding Balance Beginning This Period

75.40

Transaction ID: D01F431A133824BDFB8A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct TVNature of Debt (Purpose):  
Cable Service

Mailing Address PO Box 60036

City State ZIP Code  
Los Angeles CA 90060

Outstanding Balance Beginning This Period

32.22

Transaction ID: D98583EF190B742F4B0A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.22

**1) SUBTOTALS** This Period This Page (optional).....

273.95

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct TVNature of Debt (Purpose):  
Cable Service

Mailing Address PO Box 60036

City State ZIP Code  
Los Angeles CA 90060

Outstanding Balance Beginning This Period

44.26

Transaction ID: DBC6FF85AE35C41E68CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44.26

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Air Charter Team, Inc.Nature of Debt (Purpose):  
TransportationMailing Address 10015 N.W. Ambassadors Drive  
Suite 202City State ZIP Code  
Kansas City MO 64153

Outstanding Balance Beginning This Period

1304.61

Transaction ID: DCAA2DBC5CEA94CD089C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1304.61

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Zahara's Cafe & Bakery, Inc.Nature of Debt (Purpose):  
Food & Beverage

Mailing Address 525 Washington Blvd, 2nd Flr

City State ZIP Code  
Jersey City NJ 07310

Outstanding Balance Beginning This Period

2500.00

Transaction ID: DD281F4AE8DC34BC7B93

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**1) SUBTOTALS** This Period This Page (optional).....

3848.87

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Keyspan

Nature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

2919.27

Transaction ID: D9A45BD2CD468457093F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2919.27

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Keyspan

Nature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

755.64

Transaction ID: D0F2F1D778B8B4FC99B6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

755.64

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Keyspan

Nature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

118.88

Transaction ID: DBDF3A2CB333C4D6484D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

118.88

1) **SUBTOTALS** This Period This Page (optional).....

3793.79

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KeyspanNature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

38.96

Transaction ID: D7B85A230D64E4671B06

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KeyspanNature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

239.04

Transaction ID: DD0258CA80C884AB6960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

239.04

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KeyspanNature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

164.80

Transaction ID: DB9074E8EDA3B4C25ABE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

164.80

1) **SUBTOTALS** This Period This Page (optional).....

442.80

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KeyspanNature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

1481.16

Transaction ID: DDFA00C779CF445C8AA6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1481.16

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KeyspanNature of Debt (Purpose):  
Utilities

Mailing Address 52 Second Avenue

City State ZIP Code  
Waltham MA 02451

Outstanding Balance Beginning This Period

298.81

Transaction ID: D74946712598A4C599FE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

298.81

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Dubuque LeaderNature of Debt (Purpose):  
Printing

Mailing Address 1527 Central Avenue

City State ZIP Code  
Dubuque IA 52004

Outstanding Balance Beginning This Period

360.50

Transaction ID: D308E0032B374413E8A3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.50

**1) SUBTOTALS** This Period This Page (optional).....

2140.47

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Printer WorksNature of Debt (Purpose):  
Printer

Mailing Address 3481 Arden Road

City State ZIP Code  
Hayward CA 94545

Outstanding Balance Beginning This Period

819.44

Transaction ID: DFC2998A4374B4E86BCA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

819.44

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican EnergyNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1406.57

Transaction ID: DB92957A464EF4AC685D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1406.57

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican EnergyNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

1115.75

Transaction ID: DEC21CC9229D5404F97B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.75

**1) SUBTOTALS** This Period This Page (optional).....

3341.76

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City	State	ZIP Code
Davenport	IA	52808-8020

Outstanding Balance Beginning This Period

123.36

Transaction ID: DF30D747F375F47E5882

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.36

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City	State	ZIP Code
Davenport	IA	52808-8020

Outstanding Balance Beginning This Period

811.87

Transaction ID: DF6D9496BDF604118AD8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

811.87

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City	State	ZIP Code
Davenport	IA	52808-8020

Outstanding Balance Beginning This Period

78.77

Transaction ID: D2F929A7374FC4A50B84

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78.77

1) **SUBTOTALS** This Period This Page (optional).....

1014.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

416.01

Transaction ID: D91E4CB1724CB455C94A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

416.01

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

65.24

Transaction ID: D7B3E6DAFE5CE4AFB9B8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.24

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican Energy

Nature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

196.90

Transaction ID: DAB442CA849544E83A13

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

196.90

1) **SUBTOTALS** This Period This Page (optional).....

678.15

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican EnergyNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

72.04

Transaction ID: D275E706E6F7F4C6C938

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.04

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MidAmerican EnergyNature of Debt (Purpose):  
Utilities

Mailing Address P.O. Box 8020

City State ZIP Code  
Davenport IA 52808-8020

Outstanding Balance Beginning This Period

659.58

Transaction ID: DFC448EB6B1054323A65

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

659.58

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Peter NicholsNature of Debt (Purpose):  
Consulting Fee

Mailing Address 222 Stony Brook Road

City State ZIP Code  
Hopewell NJ 08525-3003

Outstanding Balance Beginning This Period

15000.00

Transaction ID: DE18E31E6A6564CF4B75

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

**1) SUBTOTALS** This Period This Page (optional).....

15731.62

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jim VanDusseldorp

Nature of Debt (Purpose):  
Bus Servicing

Mailing Address 2406 15th Ave. N.

City State ZIP Code  
Clear Lake IA 50428-2037

Outstanding Balance Beginning This Period

92.50

Transaction ID: DECE5259C4BB240ADBB7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Universal Printing Company LLC

Nature of Debt (Purpose):  
Fees

Mailing Address 1101 Penn Avenue

City State ZIP Code  
Scranton PA 18509

Outstanding Balance Beginning This Period

136.05

Transaction ID: DF477C3FE35E04A05B7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

136.05

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Unitil

Nature of Debt (Purpose):  
Utilities

Mailing Address PO BOX 2013

City State ZIP Code  
Concord NH 03302

Outstanding Balance Beginning This Period

115.06

Transaction ID: D14B3EB6706674783815

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

115.06

1) **SUBTOTALS** This Period This Page (optional).....

343.61

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
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☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northern Business MachinesNature of Debt (Purpose):  
Rental

Mailing Address 24 Terry Avenue

City State ZIP Code  
Burlington MA 01803

Outstanding Balance Beginning This Period

698.00

Transaction ID: DF72BE3ADBBB14CB9BC7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

698.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Grand ColonyNature of Debt (Purpose):  
Lodging

Mailing Address 2824 Grand Avenue, #218

City State ZIP Code  
Des Moines IA 50312

Outstanding Balance Beginning This Period

153.50

Transaction ID: D232577C9B94046BB9A9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Webster BankNature of Debt (Purpose):  
Loan interest payment

Mailing Address 185 Asylum Street

City State ZIP Code  
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

4177.74

Transaction ID: D2455C9526EE244CC9BA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4177.74

1) **SUBTOTALS** This Period This Page (optional).....

5029.24

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T

Nature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

111.80

Transaction ID: D51DCEF2884624EE6A6A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PMI

Nature of Debt (Purpose):  
Parking

Mailing Address

City State ZIP Code  
Washington DC

Outstanding Balance Beginning This Period

465.00

Transaction ID: D8747457AA9894F1CB0C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

465.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Shipping

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

59.43

Transaction ID: DBA9563936FE04325AD0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

1) **SUBTOTALS** This Period This Page (optional).....

636.23

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carter PrintingNature of Debt (Purpose):  
Finance Charge

Mailing Address 1739 East Grand Avenue

City State ZIP Code  
Des Moines IA 50316

Outstanding Balance Beginning This Period

110.59

Transaction ID: D7499897E1ABB4EE2962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

110.59

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northland Trumbull, LLCNature of Debt (Purpose):  
RentMailing Address C/o Northland Investment Corporati  
P.O. Box 845604City State ZIP Code  
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D27B30042D3C24348857

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Heartland Flagpoles and FlagsNature of Debt (Purpose):  
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code  
Des Moines IA 50315

Outstanding Balance Beginning This Period

215.00

Transaction ID: D92D91DF93AE6487B8F3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.00

**1) SUBTOTALS** This Period This Page (optional).....

4175.59

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Webster BankNature of Debt (Purpose):  
Loan Interest payment

Mailing Address 185 Asylum Street

City State ZIP Code  
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

7056.90

Transaction ID: DA8EF061F679D4CBB9F4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7056.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney BowesNature of Debt (Purpose):  
Postage

Mailing Address PO Box 856390

City State ZIP Code  
Louisville KY 40285

Outstanding Balance Beginning This Period

5522.57

Transaction ID: D87D4786A18704E3E866

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5522.57

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IAFF FIREPACNature of Debt (Purpose):  
Transportation CostsMailing Address Attn: David B. Billy  
1750 New York Ave, NWCity State ZIP Code  
Washington DC 20006-5305

Outstanding Balance Beginning This Period

32233.24

Transaction ID: DE8437A16695047AC84E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32233.24

**1) SUBTOTALS** This Period This Page (optional).....

44812.71

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Kirkwood

Nature of Debt (Purpose):  
Rent

Mailing Address 400 Walnut Street

City State ZIP Code  
Des Moines IA 50309

Outstanding Balance Beginning This Period

757.17

Transaction ID: DF06ED48AFB25453C90A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

757.17

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon Corporate Real Estate

Nature of Debt (Purpose):  
Rent

Mailing Address Mail Code FLG1-300  
8800 Adamo Drive

City State ZIP Code  
Tampa FL 33619

Outstanding Balance Beginning This Period

23250.00

Transaction ID: D3856747E818749188BE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Courier Service

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

86.50

Transaction ID: D42C8F3A7325E4A5A80E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

86.50

**1) SUBTOTALS** This Period This Page (optional).....

24093.67

**2) TOTALS** This Period (last page this line number only).....

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedar Rapids Municipal Utilities

Nature of Debt (Purpose):  
Utilities

Mailing Address PO Box 3255

City State ZIP Code  
Cedar Rapids IA 52406

Outstanding Balance Beginning This Period

57.90

Transaction ID: D0E366AACBEEB484CB02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Trumba Corporation

Nature of Debt (Purpose):  
Subscription
Mailing Address 1200 5th Ave.  
Suite 1700
City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

1199.40

Transaction ID: DF4C21A8864FF4D46B53

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1199.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins Coie

Nature of Debt (Purpose):  
Legal Services
Mailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th Floor
City State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

10000.00

Transaction ID: D76E8E67033CC4385B66

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional).....

11257.30

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPS

Nature of Debt (Purpose):  
Courier

Mailing Address PO Box 7247-0244

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

59.95

Transaction ID: DD71C9A3EFA0F4512B37

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.95

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northland Trumbull, LLC

Nature of Debt (Purpose):  
Rent
Mailing Address C/o Northland Investment Corporati  
P.O. Box 845604
City State ZIP Code  
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: D62DA2D977A734EC594A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Webster Bank

Nature of Debt (Purpose):  
Interest payment

Mailing Address 185 Asylum Street

City State ZIP Code  
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

5700.90

Transaction ID: DDD808CCF6F3F461FA47

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5700.90

1) **SUBTOTALS** This Period This Page (optional).....

9610.85

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&TNature of Debt (Purpose):  
Telephone

Mailing Address P.O. Box 8110

City State ZIP Code  
Aurora IL 60572

Outstanding Balance Beginning This Period

623.00

Transaction ID: D4FFB54806211448B923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

623.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

10009.00

Transaction ID: D981988A8CAD9462E954

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10009.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Northland Trumbull, LLCNature of Debt (Purpose):  
RentMailing Address C/o Northland Investment Corporati  
P.O. Box 845604City State ZIP Code  
Boston MA 02284

Outstanding Balance Beginning This Period

3850.00

Transaction ID: DA4696BC628A349F7971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3850.00

1) **SUBTOTALS** This Period This Page (optional).....

14482.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedric Williams

Nature of Debt (Purpose):  
Car Repair

Mailing Address 4401 Aldrich Avenue S

City State ZIP Code  
Minneapolis MN 55419-4821

Outstanding Balance Beginning This Period

280.43

Transaction ID: D65530D3150B143C5BDD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

280.43

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedric Williams

Nature of Debt (Purpose):  
Car Rental

Mailing Address 4401 Aldrich Avenue S

City State ZIP Code  
Minneapolis MN 55419-4821

Outstanding Balance Beginning This Period

748.02

Transaction ID: DAC0405B098BA40BDB8F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

748.02

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cedric Williams

Nature of Debt (Purpose):  
Car repair

Mailing Address 4401 Aldrich Avenue S

City State ZIP Code  
Minneapolis MN 55419-4821

Outstanding Balance Beginning This Period

3197.74

Transaction ID: D80F5A221749E4D8CAFD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3197.74

1) **SUBTOTALS** This Period This Page (optional).....

4226.19

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
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☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Webster Bank

Nature of Debt (Purpose):  
Interest Payment

Mailing Address 185 Asylum Street

City State ZIP Code  
Hartford CT 06103-3401

Outstanding Balance Beginning This Period

1625.86

Transaction ID: D6D0173F2D16C488496D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1625.86

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Voxel.net inc

Nature of Debt (Purpose):  
Web Hosting

Mailing Address 29 Broadway, 30th Floor

City State ZIP Code  
New York NY 10006-3216

Outstanding Balance Beginning This Period

2459.50

Transaction ID: DC06AE5CA3EED49569AE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2459.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins Coie

Nature of Debt (Purpose):  
Legal Services
Mailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th Floor
City State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

175.00

Transaction ID: D4F4CB881B6764E95B4B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

175.00

1) **SUBTOTALS** This Period This Page (optional).....

4260.36

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

10009.00

Transaction ID: DF0B7FFEB54884D8496F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10009.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carter PrintingNature of Debt (Purpose):  
Finance Charge

Mailing Address 1739 East Grand Avenue

City State ZIP Code  
Des Moines IA 50316

Outstanding Balance Beginning This Period

111.89

Transaction ID: DD996084ABB46436095F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

111.89

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Cleaver CompanyNature of Debt (Purpose):  
Food & Beverage

Mailing Address 75 Ninth Avenue

City State ZIP Code  
New York NY 10011

Outstanding Balance Beginning This Period

378.20

Transaction ID: D30F04EAEC434423A83D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

378.20

1) **SUBTOTALS** This Period This Page (optional).....

10499.09

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
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☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Secured Shred

Nature of Debt (Purpose):  
Shredding

Mailing Address 624 Wilmont Ridge Road

City State ZIP Code  
Westminster MD 21157-7318

Outstanding Balance Beginning This Period

120.00

Transaction ID: D5880C9A067654615B51

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wired for Change, Inc.

Nature of Debt (Purpose):  
Internet Services
Mailing Address 1700 Connecticut Ave., NW  
Suite 403
City State ZIP Code  
Washington DC 20009

Outstanding Balance Beginning This Period

4000.00

Transaction ID: DA09D2641F3154B62833

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Voxel.net inc

Nature of Debt (Purpose):  
Web Hosting

Mailing Address 29 Broadway, 30th Floor

City State ZIP Code  
New York NY 10006-3216

Outstanding Balance Beginning This Period

4919.00

Transaction ID: DF06FD864428E4C118ED

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4919.00

1) **SUBTOTALS** This Period This Page (optional).....

9039.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hertz

Nature of Debt (Purpose):

Mailing Address 333 W. Harbor Drive

City State ZIP Code  
San Diego CA 92101

Outstanding Balance Beginning This Period

4111.17

Transaction ID: DA142EB9576294B0793E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4111.17

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
USRental.comNature of Debt (Purpose):  
Payment for computers

Mailing Address 970 Summer Street

City State ZIP Code  
Stamford CT 06905-5542

Outstanding Balance Beginning This Period

4658.70

Transaction ID: D1F57A4B00A37493E946

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4658.70

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Metropolitan ClubNature of Debt (Purpose):  
Food & Beverage

Mailing Address One East 60th Street

City State ZIP Code  
New York NY 10022

Outstanding Balance Beginning This Period

21459.11

Transaction ID: D633B2D0BC9E641C0B52

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21459.11

**1) SUBTOTALS** This Period This Page (optional).....

30228.98

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Chris Dodd For President Inc**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Des Moines Embassy ClubNature of Debt (Purpose):  
Food & BeverageMailing Address 801 Grand Avenue  
Suite 4000City State ZIP Code  
Des Moines IA 50309-2762

Outstanding Balance Beginning This Period

4451.20

Transaction ID: DDA7C5EA9B930420A98A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4451.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carter PrintingNature of Debt (Purpose):  
Printing

Mailing Address 1739 East Grand Avenue

City State ZIP Code  
Des Moines IA 50316

Outstanding Balance Beginning This Period

7562.83

Transaction ID: D73B6D84253894C72B62

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7562.83

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal ServicesMailing Address Centralized Accounting Dept.  
1201 Third Ave., 40th FloorCity State ZIP Code  
Seattle WA 98101-3099

Outstanding Balance Beginning This Period

0.00

Transaction ID: D137E7211B1E44139A9C

Amount Incurred This Period

10017.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

10017.02

**1) SUBTOTALS** This Period This Page (optional).....

22031.05

**2) TOTALS** This Period (last page this line number only).....

576521.43

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

431764.39